

FACTS, FIGURES, AND TRENDS



IDAHO DEPARTMENT OF
HEALTH & WELFARE

A Message from Director Richard M. Armstrong



Welcome to a snapshot of our work in SFY2016. There is a lot of data to sift through, analyze and calculate. As you leaf through, you'll get a pretty good sense for the tremendous impact we have on Idahoans who participate in our programs.

You will also learn about the innovative things our staff is doing to increase the quality of life for all Idahoans.

You will learn that the Division of Welfare launched a new website, www.LiveBetter.org, that aims to put all Idahoans in touch with programs and services that will improve their quality of life, whether they are eligible for Food Stamps or Medicaid, or if they need help putting together a resume or opening a bank account. It is a one-stop community effort to empower Idahoans to find the connections they need to make good decisions and healthy choices.

You'll also learn about the Time Sensitive Emergency Program, which is supporting the use of best practices for health emergencies by recognizing the proficiency of agencies and hospitals through earned designations. So far, providers from Arco, Orofino, Coeur d'Alene, Idaho Falls, Driggs, and Boise have earned designations for the best practices they follow. Learn more at www.TSE.Idaho.gov.

A new project called Youth Empowerment Services (YES) is designing a system of care for children in Idaho who have a serious emotional disturbance. We are working with the Idaho Department of Juvenile Corrections and the Idaho Department of Education to fill in the gaps in the current children's mental health system as well as to improve access and the variety of available services. The focus is on developing individualized care plans specific to the needs and strengths of the child and his or her family. Learn more: www.yes.idaho.gov

The Statewide Healthcare Innovation Plan (SHIP) is in its second year. So far, 110 of the anticipated 165 clinics have been selected to become Patient-Centered Medical Homes. This is a critical initiative as we redesign Idaho's healthcare system to focus on improved health outcomes for Idahoans. Learn more about SHIP at <http://www.ship.idaho.gov/>.

We also launched a new Suicide Prevention Program and have received funding for the opening of two new crisis centers, bringing the total to four places throughout the state where adults in a behavioral health crisis can get help. We thank the Idaho Legislature for funding those initiatives and for supporting our work on behalf of all Idahoans.

Introduction

We have organized the information and data in this handbook to give you an overview of services we provide, numbers of people we serve, and how appropriations are spent. This guide is not intended to be a comprehensive report about the Idaho Department of Health and Welfare, but it should answer many frequently asked questions.

The first few pages of this report provide the big picture, describing the agency's overall budget and major spending categories. Following this overview, we give a brief description of each division and statistical information for many of our programs and services. When possible, we provide historical perspective. The handbook is color-coded by division for easy reference.

To provide the health and human services described throughout this handbook, we diligently follow a Strategic Plan, which defines our key goals:

Goal 1: Improve the health status of Idahoans.

Goal 2: Increase the safety and self-sufficiency of individuals and families.

Goal 3: Enhance the delivery of health and human services.

The department is designed to help families in crisis and to give a hand to vulnerable children and adults who cannot solve their problems alone. Our programs are integrated to provide the basics of food, healthcare, job training, and cash assistance to get families back on their feet so they can become self-reliant members of Idaho communities. Staff in all our divisions depend on each other to do their jobs as they help families solve their problems so we can build a healthier Idaho.

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Our Organization

The Department of Health and Welfare (DHW) serves under the leadership of Idaho Gov. C.L. "Butch" Otter. Our director oversees all department operations and is advised by an 11-member State Board of Health and Welfare appointed by the governor.

DHW deals with complex social, economic and health issues. To do that effectively, our agency is organized into eight divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Licensing and Certification, Operational Services, and Information and Technology. Each division provides services or partners with other agencies and groups to help people in our communities. For example, the Division of Family and Community Services will provide direct services for child protection, but it may partner with community providers or agencies to help people with developmental disabilities.

Each of our public service divisions includes individual programs. The Division of Public Health, for instance, includes such diverse programs as Immunizations, Epidemiology, Food Protection, Laboratory Services, Vital Records, Health Statistics, and oversight of Emergency Medical Services and Preparedness.

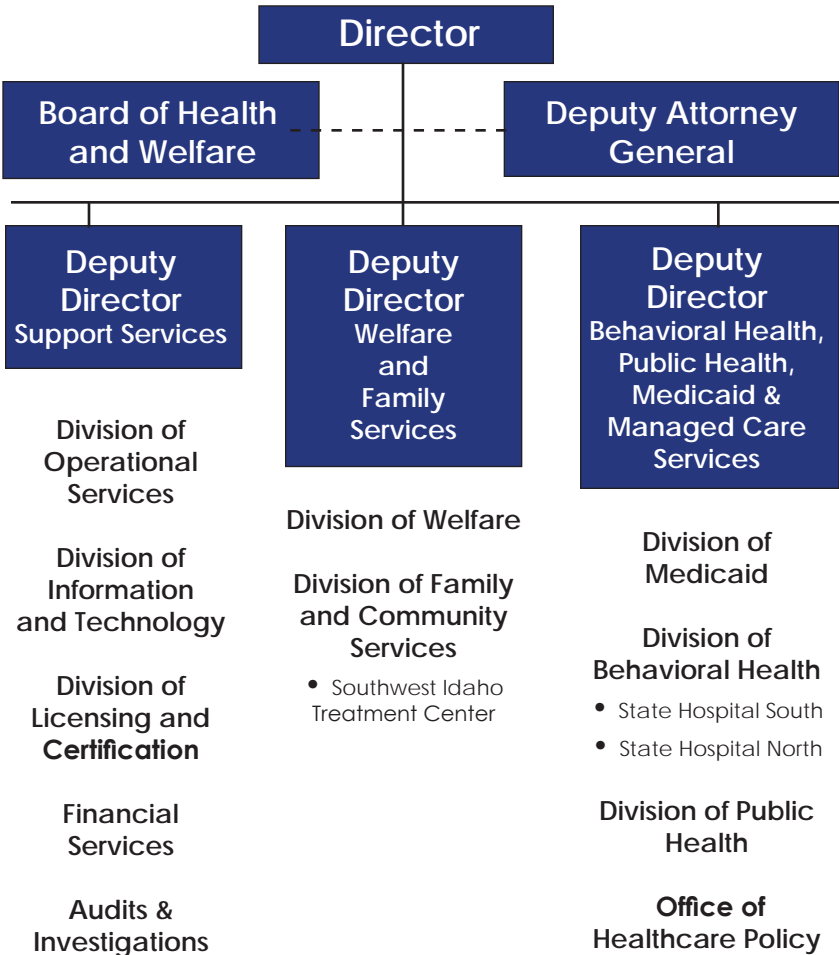
Many people turn to DHW for help with a crisis in their lives, such as a job loss or mental illness. Along with meeting these needs, DHW programs also focus on protecting the health and safety of Idaho residents. The Division of Licensing and Certification licenses hospitals, assisted living facilities, and skilled nursing facilities. The EMS and Preparedness bureau certifies emergency response personnel such as EMTs and paramedics. The Criminal History Unit provides background checks of people working with vulnerable children and adults, such as in daycares or nursing homes.

One of the guiding principles of all DHW programs is to collect and use performance data to maximize state funding and provide the best services possible. Many of these performance measures are available in this publication. By constantly measuring and collecting performance data, DHW programs are held accountable for continued improvement.

Funding for DHW programs is often a combination of state and federal funds. For example, the federal government pays about 70 percent of each medical claim for Idaho residents in the Medicaid program. Overall, in SFY2017, the federal government will contribute about 62 percent of DHW's total appropriation.

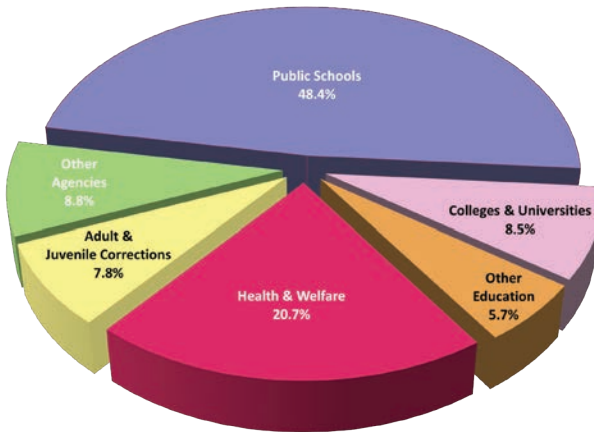
DHW is a diverse organization with workers who are dedicated to protecting the health and safety of Idaho citizens.

Organizational Chart

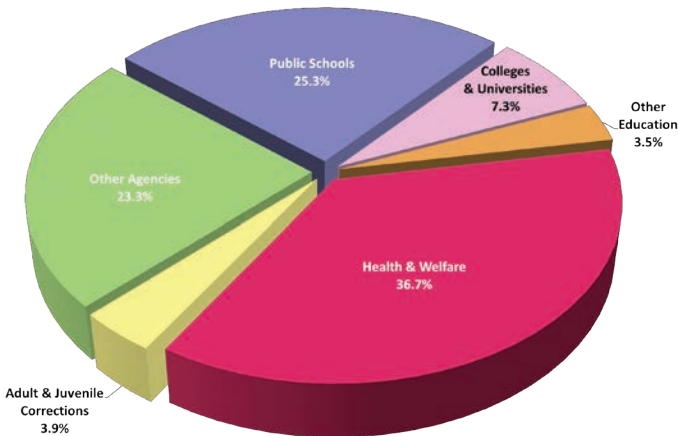


Total State SFY2017 Appropriations

State General Fund Appropriations for all State Agencies



Total Appropriations for all State Agencies



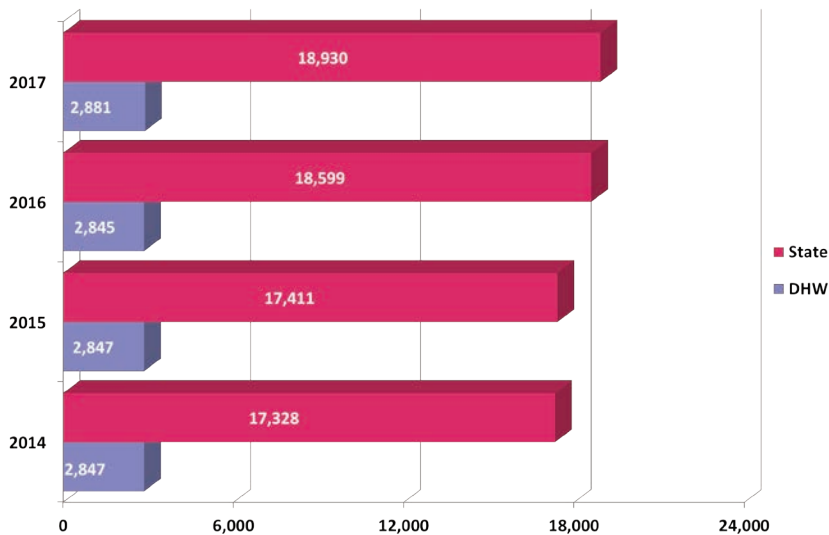
Total appropriations includes state general funds, federal funds and dedicated funds.

SFY2017 Financial Data Summary

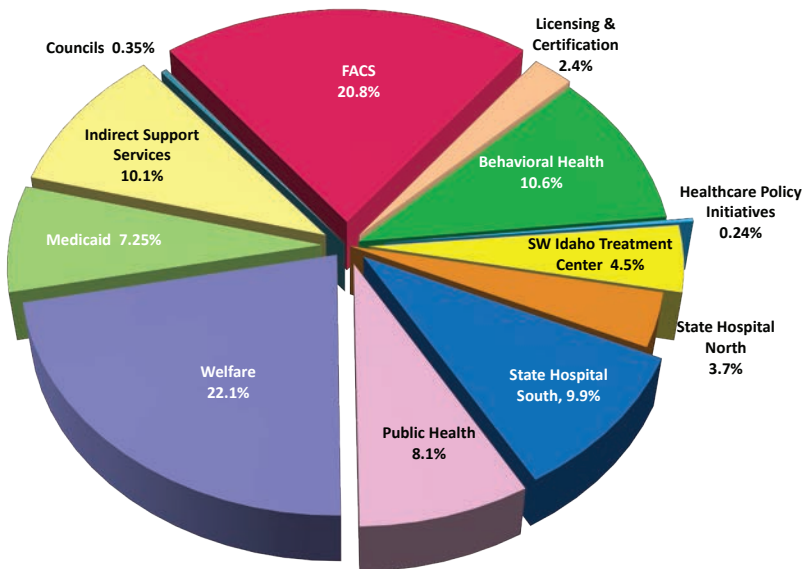
In Millions				
Functional Area	General	%Total	Total	%Total
Public Schools	\$1,584.67	48.4%	\$1,926.50	25.3%
Colleges, Universities	279.55	8.5%	556.66	7.3%
Other Education	187.46	5.7%	262.55	3.5%
Health & Welfare	677.10	20.7%	2,786.64	36.7%
Adult & Juvenile Corrections	256.20	7.8%	297.62	3.9%
All Other Agencies	<u>288.02</u>	<u>8.8%</u>	<u>1,772.64</u>	<u>23.3%</u>
Total	\$3,272.99	100.0%	\$7,602.62	100.0%

Appropriated Full-Time Positions

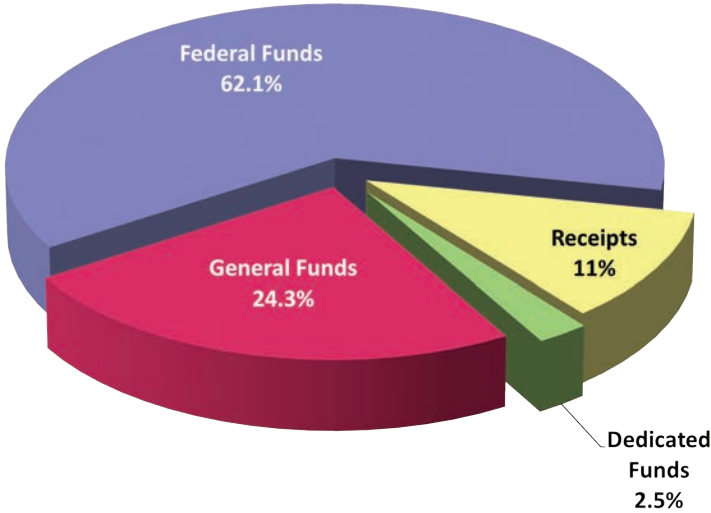
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has remained steady over the last four years, with the state's overall workforce increasing 9.2 percent.



SFY2017 FTP Distribution - Department of Health & Welfare



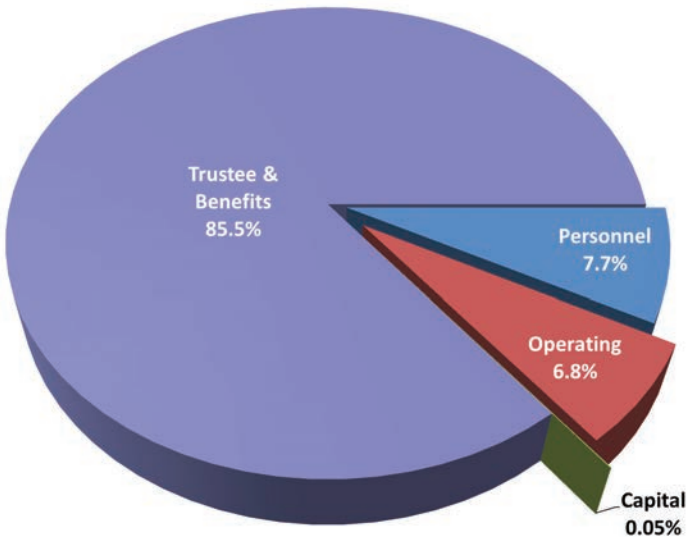
SFY2017 DHW Appropriation Fund Source



Financial Data Summary

Fund Source		Amount
General Funds		\$ 677.1 Million
Federal Funds		1,732.3 Million
Receipts		309.1 Million
Dedicated Funds		
Domestic Violence	\$ 519,600	
Cancer Control	342,500	
Central Tumor Registry	135,000	
Liquor Control	650,000	
State Hospital South Endowment	4,562,400	
State Hospital North Endowment	1,496,100	
Prevention of Minors' Access to Tobacco	50,400	
Economic Recovery Reserve	4,124,300	
Millennium Fund	2,706,700	
EMS	2,970,000	
EMS Grants	1,400,000	
Hospital, Nursing Home, ICF/ID Assessment Funds	30,000,000	
Immunization Assessment Fund	18,970,000	
Time Sensitive Emergency Fund	225,800	
Total Dedicated Funds		<u>\$68.2 Million</u>
Total		\$2,786.6 Million

SFY2017 DHW Appropriation by Expenditure Category

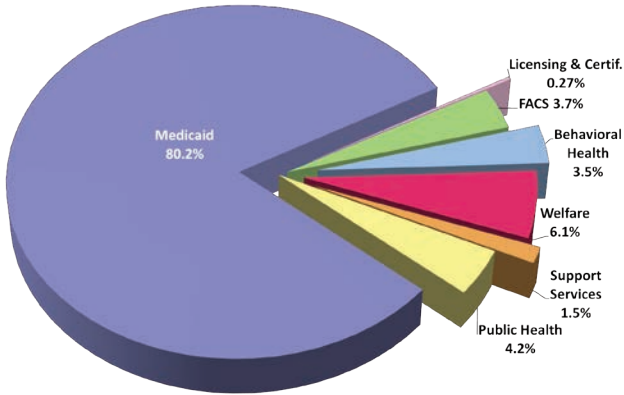


Financial Data Summary

By Object	Amount
Trustee and Benefits	\$2,382.1 Million
Personnel Costs	213.2 Million
Operating Expenditures	190.0 Million
Capital	<u>1.3 Million</u>
Total	\$2,786.6 Million

- The appropriation for benefits to Idaho citizens increased \$137.4 million from SFY2016 expenditures, while personnel costs, operating and capital expenses increased by \$33.1 million.
- Payments for services to Idaho citizens make up 85.5 percent of DHW's budget. These are cash payments to participants, vendors providing services, government agencies, nonprofits, hospitals, etc.
- The department purchases services or products from more than 12,000 companies, agencies or contractors, and more than 46,000 active Medicaid service providers.

Original SFY2017 DHW Appropriation



By Division	FTP	General	Total
Welfare/ Self-Reliance	635.55	\$ 40,798,000	\$ 168,949,700
Medicaid			
Low-income children/ working age adults		165,817,500	674,660,700
Individuals w/Disabilities		177,946,600	931,200,800
Dual Eligible		161,720,600	556,231,600
Administration	<u>209.00</u>	<u>14,122,500</u>	<u>71,711,400</u>
Total Medicaid	209.00	\$519,607,200	\$2,233,804,500
Licensing & Certification	67.90	\$ 1,804,700	\$ 7,518,900
Family and Community Services			
Child Welfare	388.75	10,349,300	36,672,300
Foster/Assistance Payments		10,496,700	29,052,500
Service Integration	35.00	734,300	6,043,500
Developmental Disabilities	176.96	10,529,700	20,414,600
SW Idaho Treatment Center	<u>130.75</u>	<u>2,536,500</u>	<u>10,865,700</u>
Total FACS	731.46	\$ 34,646,500	\$ 103,048,600
Behavioral Health			
Adult Mental Health	208.56	22,934,700	27,524,400
Children's Mental Health	79.67	9,354,600	15,182,200
Substance Abuse	16.00	2,471,500	16,822,800
Community Hospitalization		3,069,000	3,069,000
State Hospital South	285.25	9,908,000	25,777,200
State Hospital North	<u>106.10</u>	<u>7,464,400</u>	<u>9,229,400</u>
Total Behavioral Health	695.58	\$ 55,202,200	\$ 97,605,000
Public Health			
Physical Health	147.50	4,341,300	97,985,300
EMS & Preparedness	42.84	275,500	11,848,100
Suicide Prevention	4.00	971,100	971,100
Laboratory Services	<u>39.00</u>	<u>2,184,000</u>	<u>4,952,600</u>
Total Health	233.34	\$ 7,771,900	\$ 115,757,100
Support Services	291.60	\$ 17,141,200	\$ 40,723,200
Healthcare Policy	7.00	\$ 0	\$ 10,235,900
Councils	10.00	\$ 128,000	\$ 9,001,300
Department Totals	2,881.43	\$677,099,700	\$2,786,644,200

Division of Medicaid

Matt Wimmer, Administrator, 334-5747

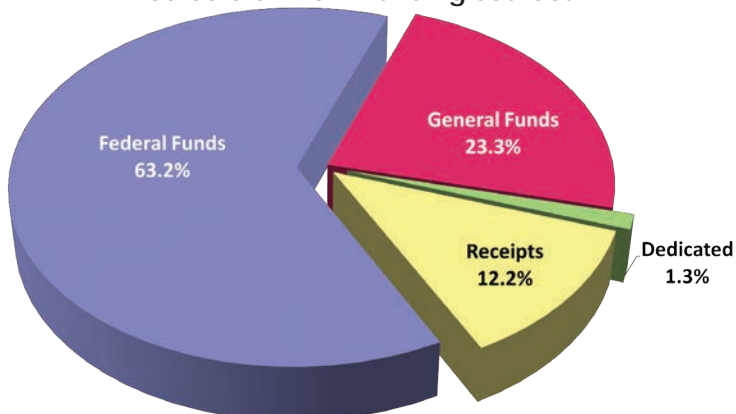
The Division of Medicaid administers comprehensive healthcare coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division contracts with individual healthcare providers, agencies, institutions, and managed care entities to provide healthcare services for low-income families including children, pregnant women, the elderly, and people with disabilities.

Medicaid participants have access to covered benefits through three benefit plans that align with health needs:

1. The **Basic Plan** is primarily designed to meet the health needs of those in generally good health and those without disabilities.
2. For individuals with more complex needs and medical conditions, the **Enhanced Plan** adds developmental disability, children's service coordination, and long-term care services and supports.
3. Individuals who are dually enrolled in both Medicare and Medicaid have access to the **Coordinated Plan**. This plan affords them the same services as the Enhanced Plan and allows them to enroll in managed care designed to streamline the Medicare and Medicaid benefits. There are many advantages to enrolling in managed care, but one of the most popular value-add services is access to a care coordinator who assists people with complex medical conditions as they navigate the system.

Receipts have become an increasingly important part of Medicaid's annual budget, providing over \$238 million in the SFY2017 budget. Receipts include over \$110 million in rebates from pharmaceutical companies, \$95 million from cost-based audit settlements with various

Medicaid SFY2017 Funding Sources

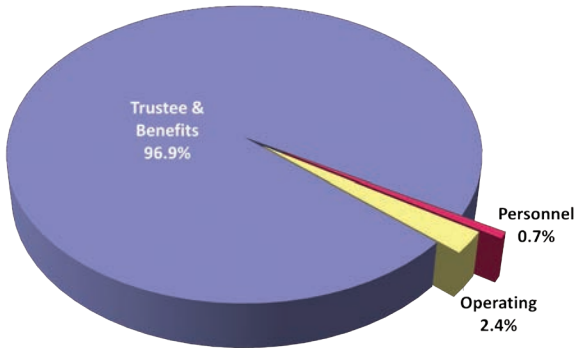


Authorized FTP: 209; Original Appropriation for SFY2017: General Funds \$ 519.6 million, Total Funds \$ 2.2 billion; 80.2% of Health and Welfare funding.

healthcare provider agencies and companies, and nearly \$9 million from estate recovery.

The division has the largest appropriation in the department, with an original SFY2017 total appropriation of \$2.234 billion. Just over 3 percent of Medicaid's budget is spent on administration, while about 97 percent is paid directly to service providers. This means that each \$1 of state general fund spending results in \$4.17 that is paid mostly to private healthcare providers who are part of the Idaho healthcare delivery system.

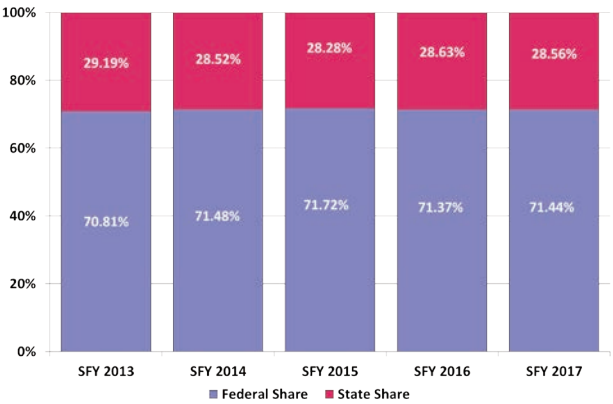
Medicaid SFY2017 Expenditure Categories



Funding Medicaid: The Impact of the Federal Medical Assistance Percentage (FMAP) Rate

While the Federal Medicaid Assistance Percentage continued to rise slightly over the last four state fiscal years, it started to decline in SFY2016. The FMAP is the percentage the federal government shares in the costs associated with all services the division provides to Medicaid recipients. The FMAP represents how Idaho's per-capita income compares to the national average.

Idaho Federal Medical Assistance Percentage (FMAP)



SFY2016 Budget Analysis

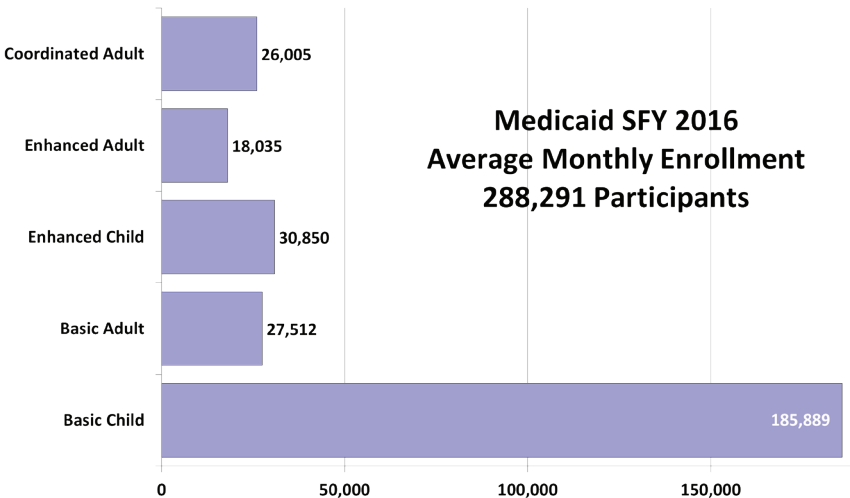
In 2016, Medicaid saw a slightly higher than normal increase in the number of eligible members. Many of these new members were seeking insurance to avoid tax penalties imposed by the Affordable Care Act. The surge is expected to lessen over the coming fiscal year and return to a 2-3 percent growth rate. Idaho Medicaid averaged 288,291 participants per month in SFY2016.

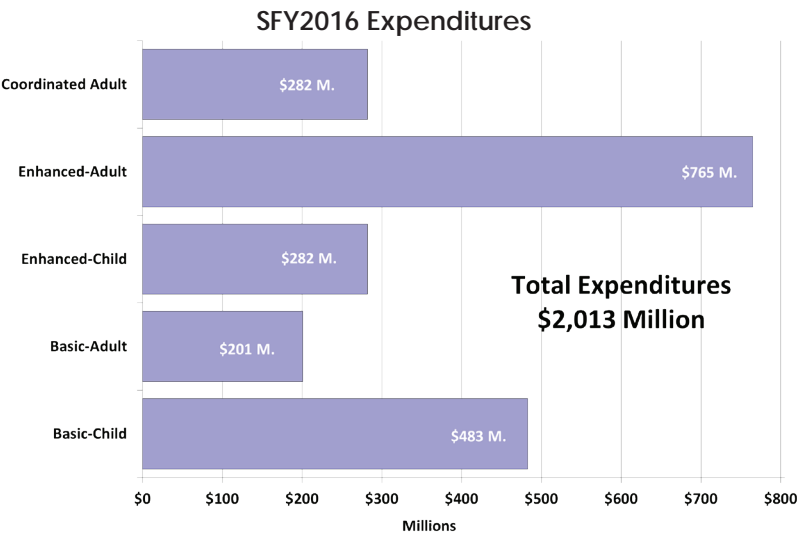
Idaho Medicaid completed the year without significant budget concerns. This stabilization of the Medicaid budget reflects the prudent budget approach by the Governor and the Idaho Legislature, good budget management by the department, and an improving Idaho economy.

Enrollment and Expenditures Comparison

Medicaid enrollment averaged 288,291 participants per month in SFY2016, a 4 percent increase from the SFY2015 enrollment of 277,140. The projected growth rate is forecast to decline as compared to the Medicaid growth experienced during the peak of the recession and will more closely approach our historical average growth.

SFY2016 Enrollees
Average Monthly Participants

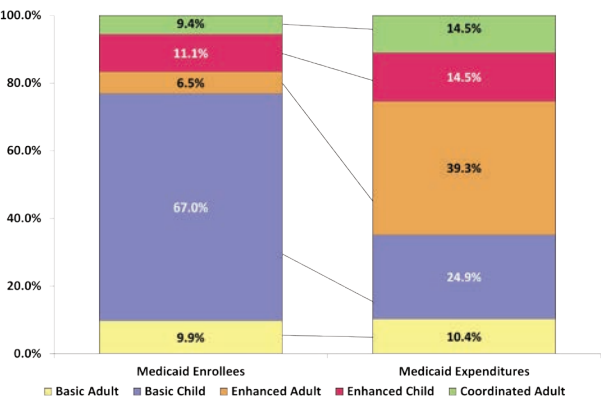




SFY2016 Enrollment and Expenditure Comparison

Coverage costs for children enrolled in the Basic Plan average less than \$216 a month, while children enrolled in the Enhanced Plan average almost \$761 a month. By comparison, an adult enrolled in the Basic Plan costs \$609 a month, while an adult enrolled in the Enhanced Plan averages almost \$3,533 a month. Participants enrolled in the Enhanced Plan have more intense healthcare needs that may be so severe that they require an institutional level of care.

Many participants enrolled in the Coordinated Plan are elderly and have greater needs for medical services, including long-term care services such as assisted living facilities or nursing homes. A participant enrolled in the Coordinated Plan costs an average of \$908 a month because Medicare pays the majority of their medical expenses.



Medicaid Initiatives

Medicaid Managed Care

Medicaid currently has managed care programs for dental services, non-emergent medical transportation, outpatient behavioral health, and comprehensive managed care for those who are eligible for both Medicare and Medicaid. Medicaid also provides a Patient-Centered Medical Home care management program through its Healthy Connections primary care benefits.

Patient-Centered Medical Home: In 2017, Medicaid will add a shared savings option to its Patient-Centered Medical Home program. When primary care practices maintain quality and reduce costs, they can earn a share of savings. This program will be voluntary for primary care providers and will not affect the Medicaid payment arrangements that providers currently receive for providing care to Medicaid participants. The strategy is anticipated to improve care, improve health, and lower healthcare costs.

Outpatient Behavioral Health Managed Care: The Idaho Behavioral Health Plan (IBHP) has been in operation for three full years. The Office of Performance and Evaluation reviewed the plan implementation and delivered a report to the Joint Legislative Oversight Committee in 2016. The report recommended that Medicaid conduct an independent analysis to determine and quantify opportunities and risks of including inpatient psychiatric services in the Idaho Behavioral Health Plan managed care contract. Medicaid is working with Oregon Health Science University's Center for Health Systems Effectiveness to conduct this analysis. This report will be delivered to the Legislature in 2017.

The IBHP contract, held by Optum Idaho, was also extended 15 months, through June 30, 2017. Medicaid and Optum Idaho continue to work collaboratively toward transforming the Idaho Behavioral Health System. The most recent efforts have been focused on implementation of Youth Empowerment Services (YES) to reform the system of behavioral health care for children and youth with serious emotional disturbance in alignment with the Jeff D settlement agreement. Learn more on page 47.

Managed Care for Dual Eligibles: Blue Cross of Idaho, under contract with Idaho Medicaid, has administered the True Blue Special Needs Plan since 2006. It is designed to coordinate all health-related services for Medicare and Medicaid, including hospital services, medical services, prescription drug services, and behavioral health services.

The expanded Medicare Medicaid Coordinated Plan was implemented July 1, 2014, and includes Aged & Disabled Waiver benefits, developmental disability targeted service coordination, community-

based rehabilitative services, personal care services, and nursing home care and services for people living in intensive care facilities for the intellectually disabled. Additional benefits available through the program are dental, vision, and care management.

The True Blue Special Needs Plan provides all the benefits currently available through Medicare and Medicaid in a single coordinated health plan. This program is available through voluntary enrollment by dual-eligible participants in 42 out of 44 Idaho counties. Enrollment in the second year of the expanded program increased by 49 percent because of the efficient care management Blue Cross is providing.

Managed Care for Dental Services: A Request for Proposal (RFP) was issued for Idaho Medicaid's managed care dental services in late 2015, and an intent-to-award letter was issued to the apparent successor of the RFP bid process. An injunction was filed by the bidder who placed third in the competitive bid process. This restricted Medicaid from signing a contract with the apparent successor. Medicaid is working with the Department of Administration to resolve these contracting questions as the courts move forward with the case.

Non-emergent Medical Transportation: The department entered into a contract with a new Non-Emergency Medical Transportation (NEMT) contractor, Veyo, in March 2016. Veyo provides all NEMT services for Idaho Medicaid participants to and from their medical appointments. Veyo began operations on July 1, 2016, and has been providing an average of 3,000 trips per day. While changes of this scope are never easy, Veyo is a responsive partner and has brought innovative transportation ideas to Idaho to enhance participants' use of the NEMT system.

Medicaid Incentive Payments for Electronic Health Records

Idaho Medicaid Electronic Health Record (EHR) Incentive Program successfully launched the 2015 Modified Objectives Program Stage 2 Meaningful Use on April 13, 2016. The EHR incentive program is the result of the American Recovery and Reinvestment Act of 2009, which authorized incentive payments for eligible Medicare and Medicaid providers who meaningfully use certified electronic health record technology. During SFY2016, Idaho Medicaid paid one hospital \$320,381 and 173 medical professionals a total of \$2,387,084 in federal incentive payments. Since 2012, Idaho Medicaid has distributed federal incentive payments to 51 hospitals (\$23,232,579) and 1,463 medical professionals (\$22,921,502).

The incentive program will run through 2021 and is expected to provide in excess of \$60 million to Idaho hospitals and medical professionals during

that time. Idaho Medicaid serves as the pass-through for the incentive payments, which are federal dollars.

Idaho Home Choice

The Idaho Home Choice Program, which implemented in October 2011, rebalances long-term care spending from institutionalized care to home and community-based care. The program is now in its sixth year of operation and has been extended through calendar year 2020. Since implementation, Idaho Home Choice has helped 370 participants transition into the community.

At the end of the 10-year grant period, the program expects to have diverted \$3,531,977 of Medicaid state general fund spending from institutionalized care to home and community-based care to support the transition of 546 individuals. The Division of Medicaid, Idaho Commission on Aging, State Independent Living Council, and service providers from the Centers for Independent Living and Area Agencies on Aging continue to build the necessary infrastructure to support Idaho Home Choice and Aging and Disability Resource Center projects to facilitate additional transitions.

Technology Performance

The Division of Medicaid continues to work closely with Idaho's Medicaid Management Information System (MMIS) contractors to make system enhancements, improve services to stakeholders, and meet the Centers for Medicare and Medicaid Services (CMS) requirements. MMIS contractors include:

- Molina Medicaid Solutions handles processing for fee-for-service medical claims. The Molina system processes approximately 130,000 claims weekly. Over 99 percent of finalized approved claims were paid within 5-15 days of receipt. The weekly payout from the Molina system averaged \$33.3 million. This represents total payments, including fee-for-service claims and managed care fees.
- Magellan Medicaid Administration handles pharmacy benefits management. The Magellan system processed an average of 44,624 claims weekly and collected corresponding rebates from drug manufacturers. All pharmacy claims were paid within seven days. The weekly payout was approximately \$3.8 million.
- Truven Health Analytics is a data warehouse and decision support system. The Truven system continued to serve as the Medicaid data warehouse and to support reporting and information analytics needs of the Division of Medicaid.

Financial Operations

During SFY2016, the Bureau of Financial Operations:

- Recovered more than \$10.6 million through the Estate Recovery Program.
- Saved Idaho Medicaid almost \$3.1 million through the Health Insurance Premium Payment Program by helping 250 people who were eligible for Medicaid acquire or retain health insurance that was the primary payer for those participants.
- Ensured that Medicare was the primary payer for the 43,379 Medicaid participants who have Medicare through the Medicare Savings Program.
- Recovered more than \$4.7 million from primary insurance, casualty and liability claims, and provider overpayments.

Division of Licensing and Certification

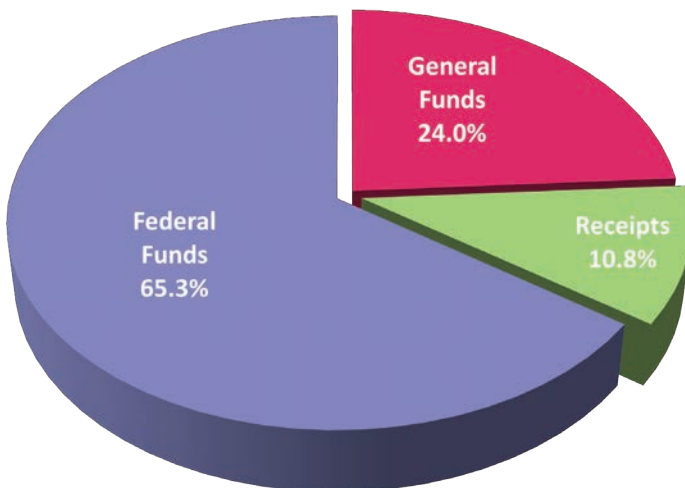
Tamara Prisock, Administrator, 364-1959

The Division of Licensing and Certification ensures that Idaho healthcare facilities and agencies are in compliance with applicable federal and state statutes and rules. The division oversees regulatory licensing and certification activities for:

- Ambulatory surgery centers
- Certified family homes
- Developmental disability agencies
- Home health agencies
- Hospice agencies
- Hospitals
- Intermediate care facilities for people with intellectual disabilities
- Nursing homes
- Outpatient physical therapy and speech pathology
- Renal dialysis centers
- Residential care or assisted living facilities
- Residential habilitation agencies
- Rural health clinics

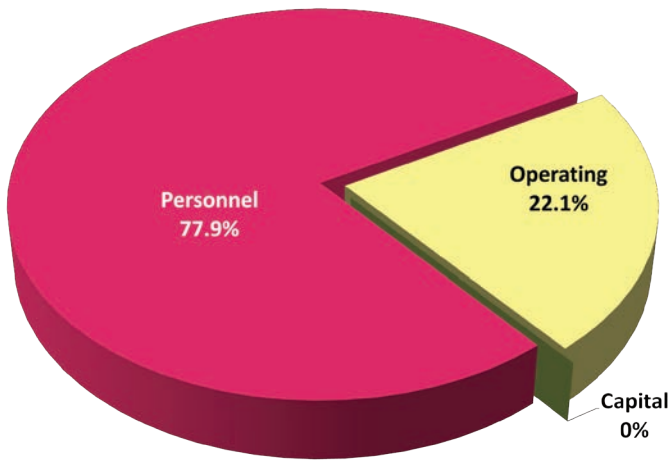
Each unit within the division is responsible for promoting an individual's rights, well-being, safety, dignity, and the highest level of functional independence.

Licensing & Certification SFY2017 Funding Sources



Authorized FTP: 67.9; Original appropriation for SFY2017: General Funds \$1.8 million, Total Funds \$7.5 million; 0.27% of Health and Welfare funding.

Licensing & Certification SFY2017 Expenditure Categories



Bureau of Facility Standards

The Bureau of Facility Standards, in cooperation with the Centers for Medicare and Medicaid Services (CMS), serves and protects Idahoans requiring health-related services, supports and supervision in care. The bureau licenses and certifies a variety of healthcare providers and suppliers, such as skilled nursing facilities, intermediate care facilities for the intellectually disabled, hospitals, home health agencies, end-stage renal dialysis centers, ambulatory surgical centers and hospice providers. The bureau also is the single focal point for fire, life safety and healthcare construction standards in the state.

The Bureau of Facility Standards administers three programs:

1. Long-Term Care
2. Non-Long-Term Care
3. Facility Fire Safety and Construction

The Long-Term Care Program conducts licensing and certification activities to ensure that the state's 79 long-term care facilities, which have 5,971 beds, are in compliance with federal regulations and state rules. These facilities cannot receive Medicare or Medicaid payments if they do not comply with regulations.

The Non-Long-Term Care Team is responsible for surveying, licensing, and certifying approximately 350 healthcare providers in the state, including 51 hospitals; 60 home-health agencies with 26 branch locations; 29 end stage renal dialysis centers; 44 hospice agencies with 27 branch locations; 51 ambulatory surgery centers; 66 intermediate care facilities for the

intellectually disabled; 47 rural health clinics; eight occupational therapy/physical therapy clinics with 18 extension units; and six portable X-ray providers. These facilities must comply with federal and state regulations to receive Medicare or Medicaid payments.

The Facility Fire Safety and Construction Program provides oversight and management of the facility fire safety and building construction requirements for all federally certified healthcare facilities or state-licensed facilities. This team performs facility plan reviews and approvals; on-site plan inspections and finalizations; consultations; and periodic facility fire and safety surveys, which include complaint and fire investigations.

Certified Family Home Program

Certified Family Homes (CFH) provide a safe, family-style living environment for adults who need some assistance with the activities of daily living but do not require a more restrictive institutional setting. There are usually one or two adult residents in a certified family home.

The CFH Program ensures that services are provided in a safe, homelike environment where residents can receive the appropriate services and supports to promote their health, dignity, personal choice, and community integration. This program provides a safe and stable residence for more than 3,370 individuals in more than 2,400 homes across the state.

Developmental Disabilities Agency/Residential Habilitation Agency Certification Program

This program ensures developmental disability services and residential habilitation supported living services are provided in accordance with state laws and rules and reflect national best practices.

Developmental disability agencies are privately owned entities certified by the state to provide services to adults and children with intellectual disabilities on an out-patient basis. There are 71 developmental disabilities agencies operating 155 locations throughout the state.

Residential habilitation agencies are privately owned entities certified by the state to provide services to adults. They consist of an integrated array of individually-tailored services and supports. These services and supports are available to eligible participants and are designed to assist them in living successfully in their own homes, with their families, or in an alternate family home. There are 64 residential habilitation agencies operating 108 businesses throughout the state.

Residential Assisted Living Facility Program

This program ensures that businesses that provide residential care or assisted living services to Idaho residents comply with state statute and rules. In Idaho, the residents of residential care or assisted living facilities include 60 percent private pay residents and 40 percent Medicaid participants. The primary diagnosis of people in these facilities include 45 percent elderly, 35 percent Alzheimer's/dementia, 12 percent mental illness, 3 percent developmental disability, 1 percent traumatic brain injury and 4 percent physical disability or other need for assisted care.

There are 356 facilities in Idaho, operating under 280 licenses and representing 9,718 beds. Facilities range in size from six to 152 beds. The average building size has been increasing each year, with most of the facilities being constructed with 50 or more beds. Many small facilities, particularly those that serve people with mental illness have closed.

The program enforces compliance with state rules and works closely with residents, families, partners in the industry, advocates, other governmental agencies, and stakeholders to ensure safe and effective care to residents.

The program provides consultation, technical assistance, and education to improve compliance and promote better health outcomes. This work is accomplished through a number of activities, including survey activity (initial surveys, re-licensure, and follow-up surveys), complaint investigations, maintaining a web site with tools and resources for the facilities, a quarterly newsletter highlighting best practices with a focus on special concerns, online courses, and partnering with industry groups to provide in-person training sessions.

Division of Family and Community Services

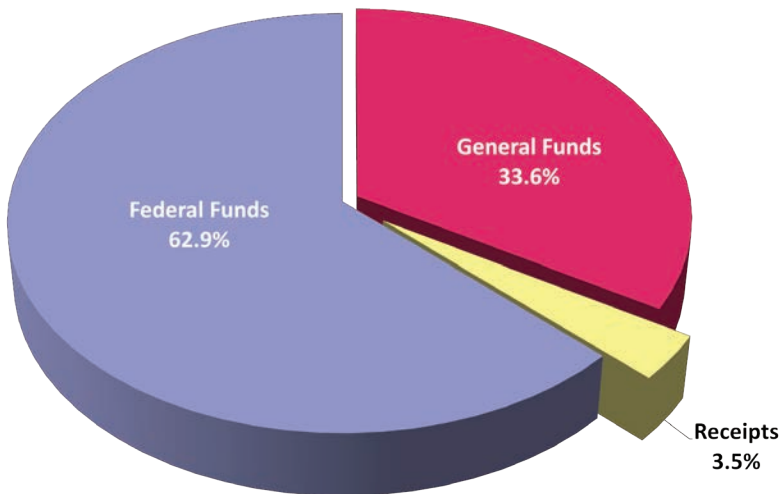
Gary Moore, Administrator, 334-5680

The Division of Family and Community Services (FACS) directs many of the department's social and human service programs. These include child protection, adoption, foster care, developmental disabilities, and screening and early intervention for infants and toddlers with developmental delays or disabilities.

FACS also provides navigation services that connect individuals and families in crisis with services to stabilize their lives. FACS programs work together to provide services that focus on the entire family, building on strengths while supporting and empowering them.

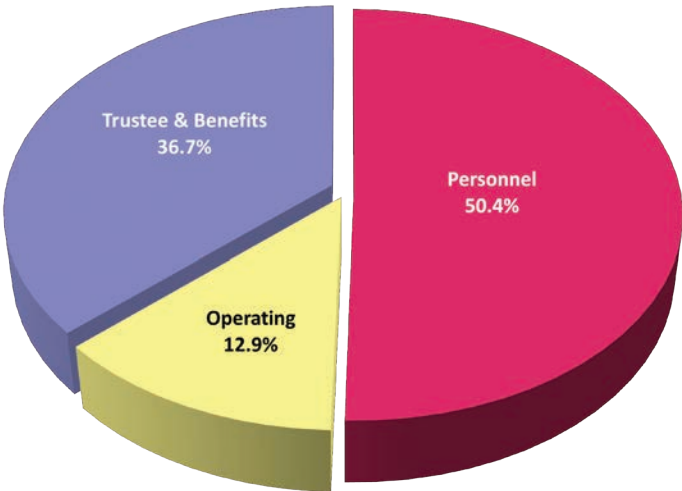
Southwest Idaho Treatment Center (formerly known as Idaho State School and Hospital) is also administered by FACS. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

FACS SFY2017 Funding Sources



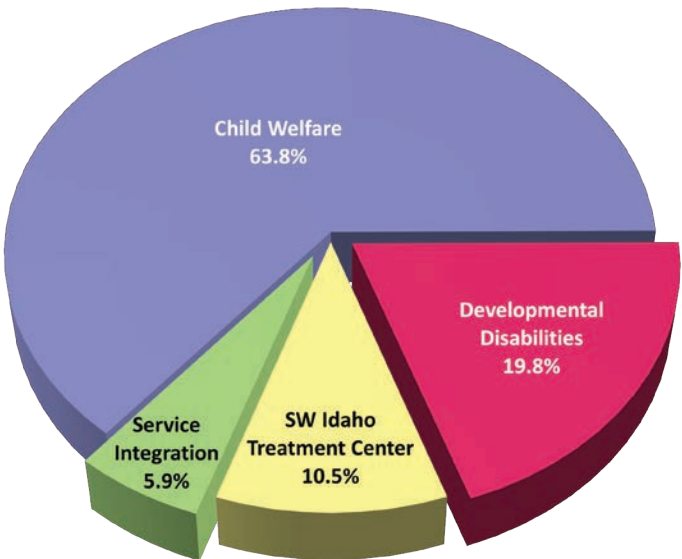
Authorized FTP: 731.46; Original Appropriation for SFY2017: General Funds \$34.6 million, Total Funds \$103 million; 3.7% of Health and Welfare funding.

FACS SFY2017 Expenditure Categories



Note: Personnel costs account for a greater share of expenditures in FACS because of the nature of community-based, client-focused services and 24/7 staffing levels required at Southwest Idaho Treatment Center.

FACS Spending by Program



Note: Child Welfare includes Child Protection, Foster Care, and Adoption. Almost half of Child Welfare expenses are for Foster Care/Adoptive assistance payments to families and providers.

SFY2016 FACS Division Highlights

Enhanced Child Safety Practice: Child welfare social workers, supervisors, and managers from across the state continue to use the Idaho Child Welfare Safety Practice Model to conduct comprehensive assessments with families. The Safety Practice Model assists child welfare social workers as they determine when to intervene and provide services to families. Intervention and services are provided when a dangerous condition clearly threatens the safety of the children in the home.

2016 Legislative Changes: New legislation provides foster families and designated officials at children's licensing facilities and agencies the ability to make day-to-day decisions about a foster child's participation in extracurricular, enrichment, and social activities without seeking the approval of DHW. These activities may include participating in after-school events, staying the night at a friend's house, going to the movies, or other similar events. The involvement of birth parents is encouraged in making these day-to-day decisions. The legislation also includes liability coverage for resource parents and designated officials in making these decisions for the children in their care. Training specific to normalcy for children and youth in foster care has been developed and is a pre-licensure requirement for all foster parents.

Additional legislative changes specify that judicial approval is necessary in contested placement decisions and require the identification of prospective adoptive parents in the permanency plan approved by the court. Supervisory approval of placement changes also is required. The department also must provide written notice of placement changes to foster parents.

Other modifications to the Child Protective Act include provisions for judicial inquiry regarding the placement of siblings together, the educational stability of children, the oversight of psychotropic medications for children, children's involvement in the development of their permanency plan, and transitional services for older youth in foster care.

Child Adolescent Needs and Strengths (CANS) Tool: The CANS tool was developed to help facilitate the linkage between the assessment process and the design of individualized service plans that include the application of evidence-based practices. The primary objectives of the CANS tool are strengthening and enhancing permanency, safety, and providing an improved quality of well-being for children. The implementation of the CANS tool started in October 2015 and is being phased in. Currently, 50 percent of the case-carrying staff in the child welfare program are

certified users of the CANS tool. Phase Three began in December 2016, and all of the case-carrying staff will be certified users. The CANS tool is for families with unsafe children to gather information, guide service planning, identify needs, and to initiate appropriate referrals.

National Core Indicators Survey: The Children's Developmental Disabilities Program conducted Idaho's first National Core Indicators Survey for families who have children with developmental disabilities. Idaho joins 46 other states in participating in the survey, which provides an objective view of the lives and the impact of state services on children served by Idaho's system. A total of 996 families voluntarily participated in the survey, which yielded a nearly 30 percent response rate. The survey will be followed up with a survey of adults receiving services in 2016-2017.

Southwest Idaho Treatment Center (SWITC): The census at SWITC, a residential care facility for people with disabilities, continues to remain small (25-30) as clients choose to receive services in their communities and maintain close connections with their families and friends.

The SWITC mission is to provide training and supports to individuals so they can return to a community residential option as soon as possible.

In addition to the Nampa facility, SWITC maintains a six-bed residential facility in northern Idaho. This small facility allows residents with disabilities to maintain closer connections to their families and friends when a crisis dictates they need short-term, facility level of care without having to travel to southwest Idaho.

Service Integration

2-1-1 Idaho CareLine

The 2-1-1 Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking Idaho residents to health and human service resources. 2-1-1 was created through a national initiative as an easy-to-remember, three-digit phone number for the sole purpose of providing confidential access for health and human services information. In 2002, the Idaho CareLine was designated as the statewide 2-1-1 call center in Idaho to connect those in need with local community resources.

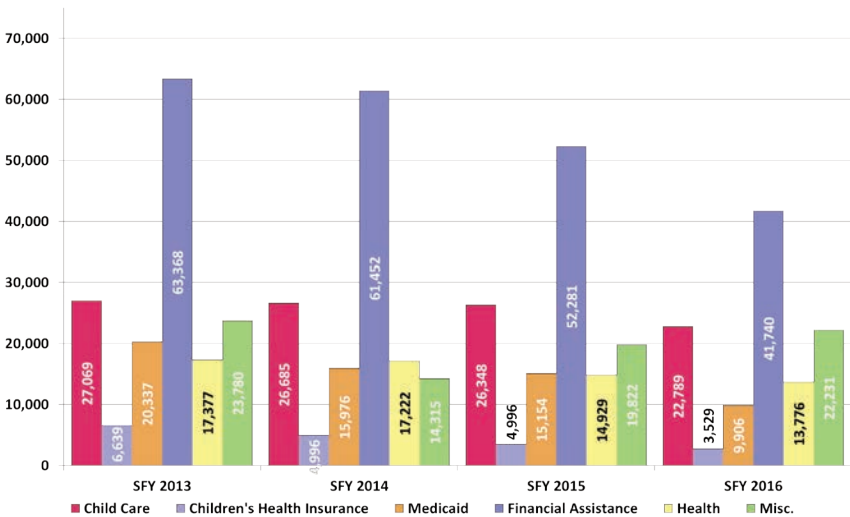
In SFY2016, CareLine brought on a community resource development specialist and participated in 41 community outreach events. This promoted various DHW and community campaigns designed to increase the health, stability, and safety of Idahoans.

Idaho CareLine received 113,276 information and referral contacts during SFY2016. CareLine exceeded the federal government standard for answering 80 percent of calls within 60 seconds, attaining 90 percent. CareLine's referral database currently has 11,984 active services, relating to 3,643 programs.

CareLine's resources can be accessed by dialing 2-1-1 or 1-800-926-2588. Agents assist callers 8 a.m. to 6 p.m. MST Monday through Friday. Resources also can be found by visiting www.211.idaho.gov or www.idahocareline.org; or by texting a zip code to CareLine at TXT211.

Additional information can be found by visiting 2-1-1 on Facebook and Twitter. Emergency and crisis referral services are available after hours.

Number of Calls Received by Idaho CareLine



Resource and Service Navigation

Resource and Service Navigation identifies and develops resources to support struggling families so they can achieve long-term stability through the use of customized service plans focused on family strengths and community supports. Navigators work with individuals, children, and families for up to 120 days to help them achieve their goals for long-term stability, well-being, health, and safety.

During SFY2016, Navigation received 9,459 referrals, providing monetary assistance to adults and at-risk children and youth. Navigation services distributed \$1.2 million in emergency assistance and career enhancement

support, while leveraging community funds on behalf of families in Idaho. The past three years have shown a significant increase in Navigation's ability to leverage community funds. For every Navigation dollar spent, the community donated funds or provided goods in the amount of 21 cents in SFY2014; 33 cents in SFY2015; and 46 cents in SFY2016. This demonstrates the program's continued efforts to focus on the health, safety, and stability of Idahoans, while also maintaining close and collaborative community ties.

In addition to Emergency Assistance and Career Enhancement, Navigation also received \$50,000 from Casey Family Programs to serve Idaho KinCare families. More than 29,000 children in Idaho are being raised by relatives. Navigators served 96 KinCare households and 345 family members in those households. Navigators continued to work in communities across the state for approximately 15,000 kinship families on behalf of the Idaho KinCare Project. On July 15, 2016, through a proclamation from Gov. C.L. "Butch" Otter, Idaho celebrated its sixth annual Idaho KinCare Day.

Child and Family Services

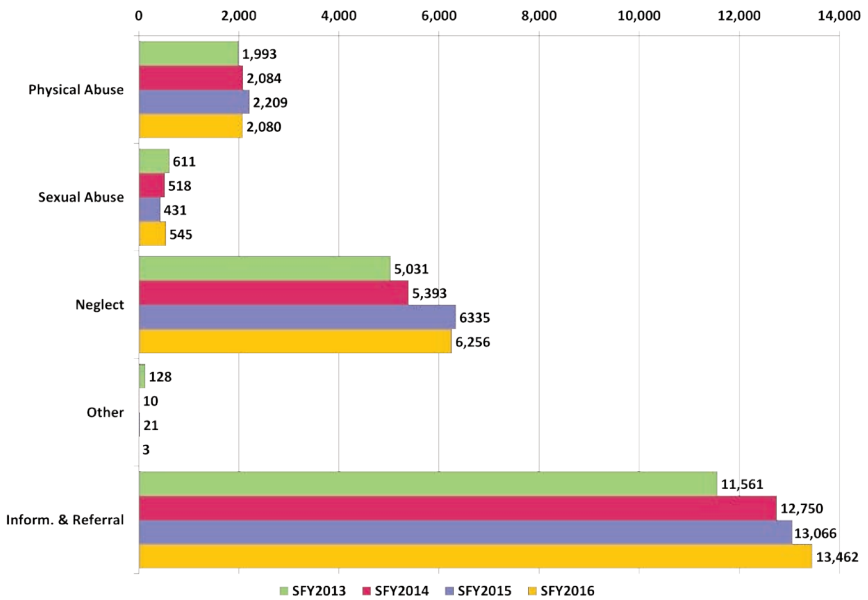
Child and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, as well as compliance with the Indian Child Welfare Act. The program also licenses homes that care for foster children, monitors and assures compliance with the federal Title IV-E foster care and adoption funding requirements, and manages the Interstate Compact on the Placement of Children.

Child Protection

Child and Family Services screens each report it receives about possible child abuse, neglect, or abandonment to determine if there are any threats to the safety of a child. Social workers and families work together to ensure the child's safety can be maintained in their homes.

If the child's safety cannot be managed with the child at home, the child may be removed by law enforcement or a court order. When children are removed, social workers continue to work with the family to return the child to the home as soon as it is safe to do so.

Child Protection and Prevention Referrals



Note: In SFY2016, there were 22,346 referrals from concerned citizens, up from 22,062 in SFY2015. Of these referrals, 8,884 were assigned for safety assessment. An additional 13,462 referrals were categorized as Information and Referral. These are circumstances that don't meet criteria for assignment of a safety assessment and are frequently referred to other programs or agencies.

Foster Care

Foster care is a critical component of the state's child welfare services. Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected, or abandoned, and who are not safe in their own homes.

On June 30, 2016, a total of 93.5 percent of children placed in Idaho foster care lived in a family setting. Of the children in foster care, 40 percent are placed with relatives or a person with a significant relationship with the child.

Compared to other states, Idaho has about half the rate of children placed in non-family settings, referred to as residential care, such as a group or children's home. Some children may require residential treatment for a period of time to address significant mental health or other behavioral issues. These children may have had difficulty in a family setting and require intensive therapeutic support.

Whenever possible, relatives of foster children are considered as a placement resource and may be licensed as resource parents. Relatives can be important supports to the child, the child's parents, and the resource family.

Child and Family Services manages out-of-home placements to:

- Assure the child will be safe.
- Minimize harm to the child and his or her family.
- Provide services to the family and the child to promote reunification and reduce long-term negative effects of the separation.
- Allow for continued connection between the child, his or her family, and the community.

Knowledgeable and skilled resource families and other care providers are integral to providing quality services to children placed outside their family homes. Licensing processes and requirements are designed to assess the suitability of families to safely care for children.

Resource families work with children and their families with the goal of reunification as soon as the issues that required placement are resolved. When a child's family is unable to make changes that assure a child's safety, the resource family may become a permanent placement for a child.

Children Placed in Foster Care and Annual Expenses

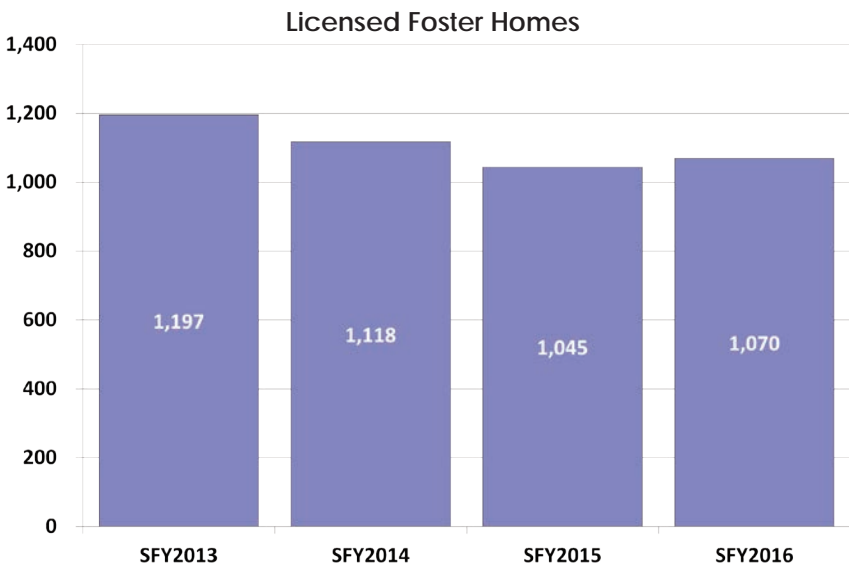


Note: This chart shows total number of children served annually. On June 30, 2016, there were 1,395 children in state care. On June 30, 2015, there were 1,291 children in care.

Treatment foster care is available to children who have complex needs that go beyond what general resource parents provide. Treatment foster parents have additional training and experience that prepares them to care for children with significant specialized needs. Working in collaboration with a treatment team, treatment foster parents provide interventions specific to each child to develop skills and prepare them to be successful in a less restrictive setting.

The need to recruit and retain resource families is critical. A total of 2,559 children were placed in foster care during SFY2016. There continues to be a need for resource families who can provide care to sibling groups, older children, or those with emotional and behavioral issues. More resource parents of Hispanic and Native American heritage are also needed.

Idaho has implemented a Recruiter Peer Mentor Program, which uses experienced resource parents to recruit and mentor interested resource families to help meet the growing need for additional families. Local recruitment efforts also focus on publicizing the need for resource parents through multi-cultural events, fairs, and community organizations. In partnership with local universities, Child and Family Services uses the Parent Resources for Information, Development and Education (PRIDE) program throughout Idaho to train and evaluate potential resource families' parenting skills and techniques to care for children who have been abused or neglected. These classes, offered regularly throughout the state, have been shown to help families meet the needs of foster and adoptive children.



Independent Living

Idaho's Independent Living Program assists foster youth in their transition to adult responsibilities. Supports and services for employment, education, housing, daily living skills, and personal needs are funded through this program.

During SFY2016, the Independent Living Program served 464 youth ages 15 to 21. This includes 50 youth who turned 18, the legal age of adulthood, while they were in foster care.

To help foster youth transition to adulthood and provide educational opportunities, the Education and Training Voucher Program provides up to \$5,000 per year. The voucher is available to youth who have been in foster care after the age of 15 and have received a high school diploma or GED. A total of 31 youth participated in the program at colleges, universities, technical schools, and other institutions of higher education during SFY2016.

Older youth often experience barriers to success after leaving foster care. In partnership with the federal Administration for Children and Families, Idaho collects service and outcome information about and from youth for several years after they leave foster care. This data helps to determine the services that are more successful in achieving positive outcomes.

Adoption

Child and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In most cases, Idaho children adopted from foster care have special needs. These children may be part of a sibling group who must stay together or are children who have physical, mental, emotional, or medical disabilities. Some children may be older but still need a permanent home through adoption.

The department's goal is to find a family who can best meet an individual child's needs within 24 months of when the child entered foster care. To help meet this goal, the department looks for relatives interested and able to adopt the child. When no relatives are available, or if it has been determined that relative placement is not in the child's best interest, foster families often adopt.

Families who adopt children with special needs are eligible to apply for either federal or state adoption assistance benefits. These benefits help subsidize the expenses associated with finalizing an adoption and the cost of parenting a child who has special needs.

The number of children adopted from foster care in SFY2016 was 195. At the state and local levels, the department and the courts work closely to improve monitoring and processes to reduce delays and help children have safe, caring, stable, and permanent families.

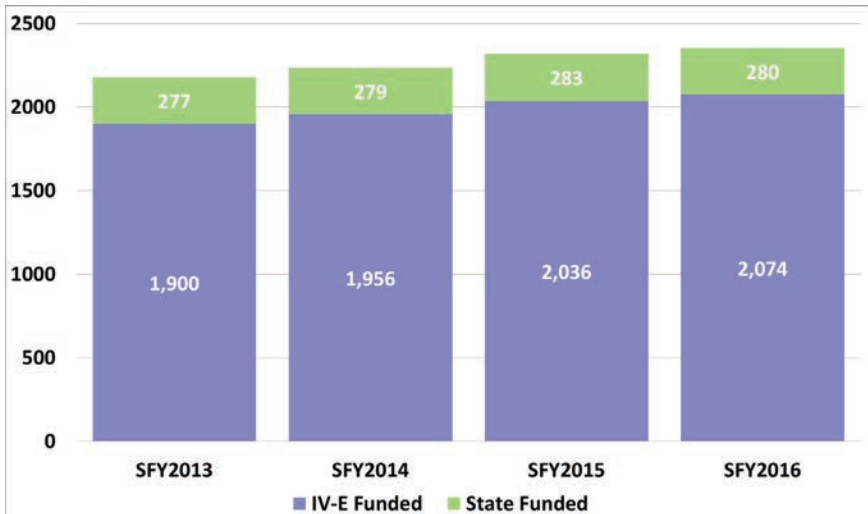
Adoptions Finalized SFY 2016

SFY 2013	SFY 2014	SFY 2015	SFY 2016
230	203	215	195

Average Monthly Adoption Assistance Payments

Year	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Avg Payment	\$350	\$354	\$359	\$359

Children Receiving Adoption Assistance



Developmental Disabilities Services

The Developmental Disabilities Program manages and delivers services for people who have developmental disabilities, from infants to senior citizens. Through partnerships with community members, the program has service choices available for consumers and their families, allowing them to strive for self-direction and full participation in their communities.

Idaho Infant Toddler Program

The Idaho Infant Toddler Program (ITP) coordinates early intervention services for children with developmental delays or disabilities from birth to 3 years of age. The Infant Toddler Program works closely with parents and partners with public agencies and private contractors to enhance each child's developmental potential. Services are provided through a team approach with a primary professional coaching the family.

The four most frequently provided services are:

1. Speech and language therapy
2. Family education (special instruction)
3. Occupational therapy
4. Physical therapy

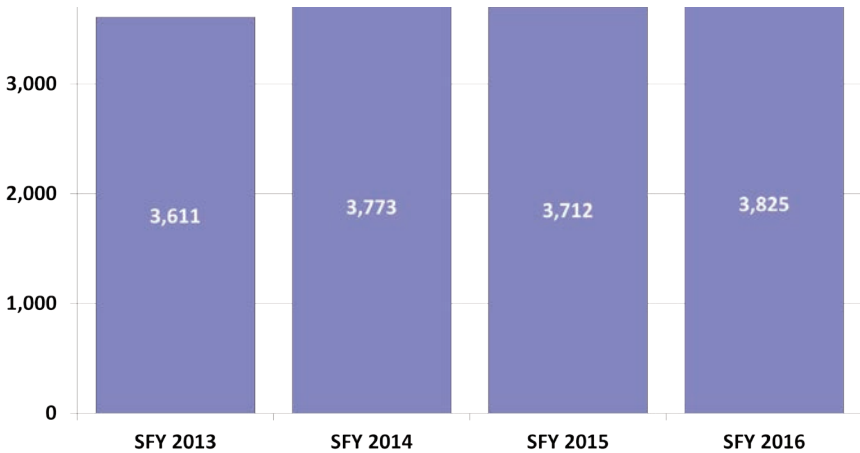
Services are delivered according to an Individualized Family Service Plan. Teams statewide provide evidence-based services, including teaming, natural environment learning practices, and coaching families. Teams build the capacity of families to actively promote children's learning. Family feedback about the team approach and coaching continues to be favorable and produce positive outcomes.

The Infant Toddler Program received full SFY2016 grant approval. It also maintained the successful federal rating of "Meets Requirements."

During SFY2016, the program served 3,825 children and their families, an increase from the previous year. The program prioritizes efforts to identify children who have delays or disabilities through outreach and screening services.

Children served by the program are referred for a variety of reasons, including diagnosable conditions that result in delays or disabilities. A total of 3,527 children were referred to the Infant Toddler Program in SFY2016. Nine percent of children referred for evaluation have been involved in substantiated cases of neglect or abuse. Twenty-nine percent of children who received services in SFY2016 were born prematurely. These early intervention services provide a life-long impact for children.

Children Served in the Infant Toddler Program



Children's Developmental Disability Program

The Children's Developmental Disabilities Program oversees services for children with developmental disabilities through two service delivery pathways: traditional and family directed services. The program continues to grow, with enrollment increasing to more than 3,300 children. More than a fifth of those children receive services under the family directed program, which is increasing the quality of services by focusing on evidence-based treatments, family centered planning, consistency statewide, and monitoring of the plan of service by department staff and contractors. A parent satisfaction survey in SFY2016 indicated that 91 percent of parents and guardians are satisfied with the services their children are receiving.

Crisis Prevention and Court Services Team

The FACS Crisis Prevention and Court Services Team provides training, technical assistance, and consultation to families and agencies who support individuals with a disability who are at risk of a community placement disruption because of a behavioral, mental health, or medical crisis. As a first priority, the team helps the person remain in their community. If that is not possible, the team helps to locate another community placement option that can meet the person's needs. As a last resort, a placement referral may be made to Southwest Idaho Treatment Center.

Southwest Idaho Treatment Center

(Formerly Idaho State School and Hospital)

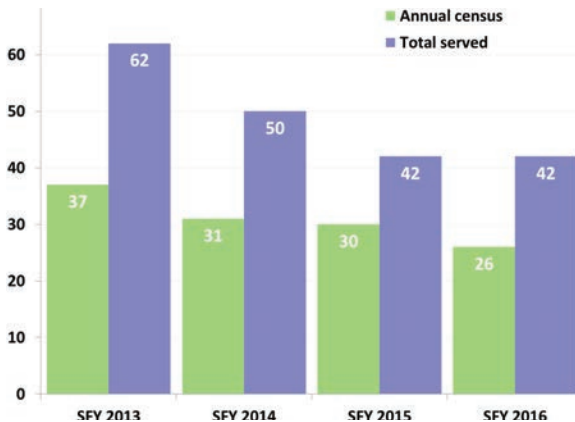
Jamie Newton, Administrator, 475-2434

The mission of Southwest Idaho Treatment Center (SWITC) is to provide assessment, training, and treatment to people until they can be transitioned back into their communities. Located in Nampa, SWITC collaborates with community partners to ensure individuals can be integrated back into their communities as soon as possible. SWITC also maintains a six-bed residential facility in northern Idaho called the Kyler House. The small facility in Hayden allows northern Idahoans with disabilities to maintain closer connections to their families and friends when a crisis dictates they need short-term, facility-level of care.

The combined efforts of the Crisis Prevention and Court Services Team in maintaining community placements, and SWITC in systematically supporting people as they move back into their communities, has resulted in a continual decline over the past decade in the number of residents at the center to between 25 and 30.

Idaho lacks a secure facility for people with developmental disabilities who harm themselves or others. The Crisis Prevention team and SWITC are challenged when these individuals are committed to the department by a court and must be housed safely at SWITC. SWITC employees assume the responsibility for safety, which sometimes places them in dangerous situations. An additional fiscal challenge occurs when individuals committed by courts are functionally above the level of impairment required to receive Medicaid reimbursement for their care and must be supported with state general funds.

SWITC Census



Annual census is a point-in-time count on June 30 each year. Total served is the total number of unique clients served during the year.

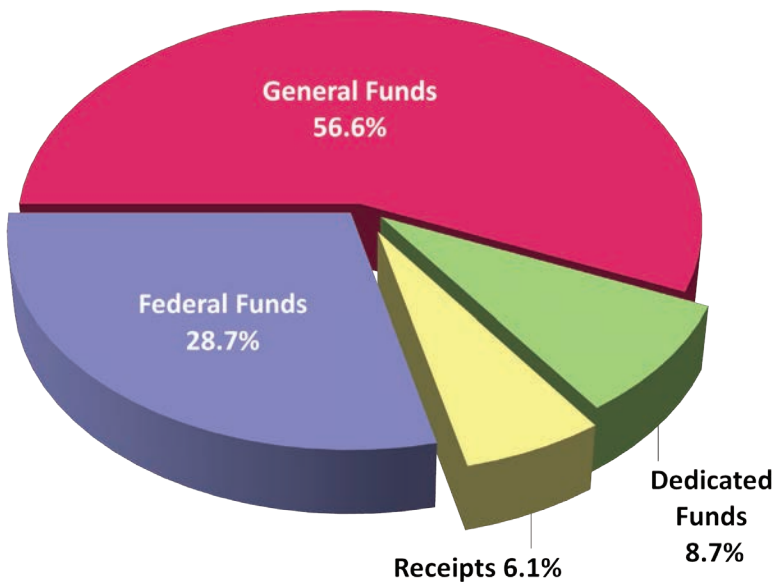
Division of Behavioral Health

Ross Edmunds, Administrator, 334-6997

The Division of Behavioral Health helps children, adults and families address and manage personal challenges resulting from mental illnesses and/or substance use disorders. The division recognizes that many people suffer from both a mental illness and substance use disorder and is integrating services for these co-occurring disorders to improve outcomes.

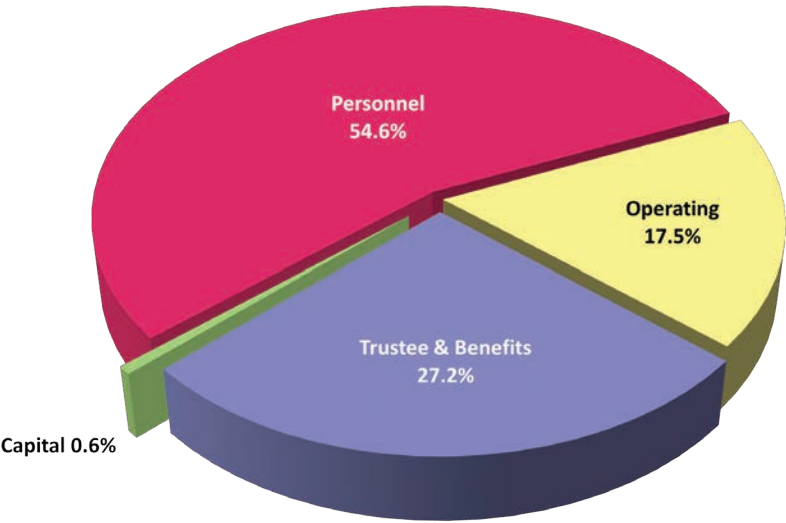
The division is comprised of the Children and Adult Mental Health programs, as well as the Substance Use Disorders Program. The division also administers the state's two psychiatric hospitals, State Hospital North and State Hospital South, for people who have been court-ordered into the state's custody.

Behavioral Health SFY2017 Funding Sources

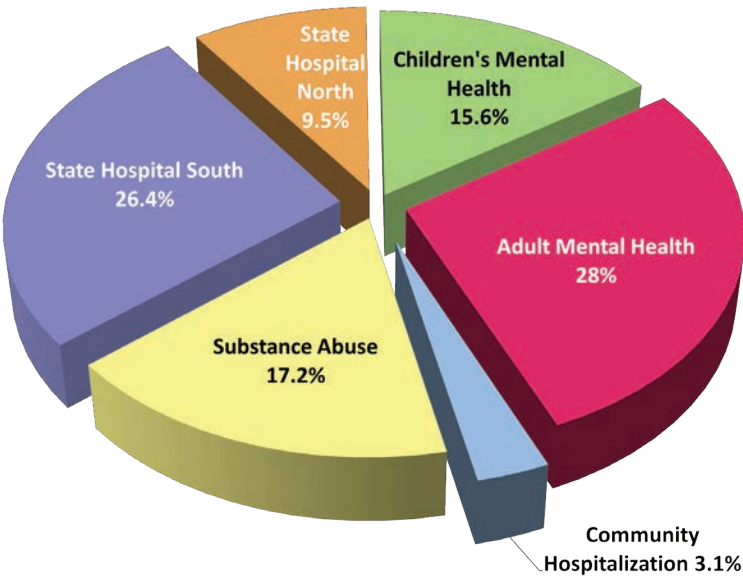


Authorized FTP: 695.58 Original Appropriation for SFY2017: General Funds \$55.2 million, Total Funds \$97.6 million; 3.5% of Health and Welfare funding.

Behavioral Health SFY2017 Expenditure Categories



Behavioral Health SFY2017 Appropriation by Program



SFY2016: Division of Behavioral Health Program Highlights

Behavioral health and primary health integration

In December 2015, the Idaho Health Care Coalition established a Behavioral Health Integration sub-committee headed by the division. This committee supports the work of the Statewide Healthcare Innovation Plan (SHIP) by leading the transformation and development of an integrated and coordinated behavioral health care system. Integrated Primary Care combines medical and behavioral health services to address the full spectrum of health concerns for each patient.

Idaho recognizes the critical importance of integrating behavioral health into the Patient Centered Medical Home (PCMH) to increase quality of life and life expectancy for people with behavioral health conditions.

It is important to note that integration is not a replacement for specialty behavioral health care. Close collaboration between specialty behavioral health and primary care is critical to ensure that people receive clinically appropriate services. Integration and collaboration are the means to increased community-based services. The primary goal of the sub-committee is to support the public health district SHIP managers and the Regional Collaborative as they integrate behavioral health into the PCMH.

Behavioral health program approval

Behavioral health transformation focuses on a combined system of care for mental health and substance use disorders. The department recognizes the benefit and necessity of integrated monitoring and credentialing of community mental health and substance use disorders treatment programs and has established a behavioral health program approval rule chapter (IDAPA 16.07.15) that allows community mental health agencies and those that treat substance use disorders to obtain state approval as a behavioral health program. This change is the result of a statewide negotiated rulemaking process that included partnering agencies, contractors, providers, and other system stakeholders. This change will advance efforts to integrate Idaho's mental health and substance use disorders systems by establishing uniform requirements for health, safety, environment of care, and program administration.

Recovery Community Centers

Idaho will soon be home to eight Recovery Community Centers. A Millennium Fund Grant proposal was approved in 2016 to provide start-up funding for new centers in Lewiston, Coeur d'Alene, Pocatello, and Idaho Falls. The start-up funding was requested by the Idaho Association of Counties.

These new centers will follow four others that opened in 2015 in Boise, Emmett, Moscow, and Caldwell. Those centers were approved to receive additional money from the Millennium Fund in 2016, through a proposal submitted by Recovery Idaho.

Recovery Community Centers act as a face for recovery in their communities. They provide a free, community-based meeting place where people can work on and maintain their recovery from substance use disorders and mental illnesses. The centers offer connections to other community resources and provide a venue for people in recovery to interact with and be supported by peers who have navigated successful recovery in the past. Activities are volunteer-driven and unique to each of the centers.

Homes with Adult Residential Treatment (HART)

A survey conducted in 2016 by the Idaho Small Provider Association estimates there are 500-600 Idahoans diagnosed with a Serious Mental Illness (SMI) who live in Residential Assisted Living Facilities (RALFs). While these facilities provide a place to stay for people unable to live on their own, the facilities are not designed to provide the care this group needs, including constant supervision to ensure that residents take medication, eat, and manage their other health-related needs.

In late 2015, a workgroup was formed to design a new model to provide long-term support to help these Idahoans remain stable and out of expensive hospitals. The workgroup includes providers, advocates, stakeholders, and DHW staff from the divisions of Medicaid and Behavioral Health. The workgroup plans to have the Homes with Adult Residential Treatment (HART) model ready to present to the Idaho Legislature during the 2017 legislative session.

The 2016 Idaho Legislature appropriated \$1 million in bridge funding to the division to help RALFs deliver services for this population by providing supplemental payments while the HART model is developed.

Peer Support Specialists, Family Support Partners and Recovery Coaches

For the past several years, the division has worked with families, clients, advocates, community partners, and other stakeholders to establish certification and training standards to support the development and implementation of peer services in Idaho. In SFY2016, the division focused efforts on workforce development for peer support specialists, family support partners, and recovery coaches. These efforts included development of training curricula; sponsoring training for peer support specialist and family support partners; conducting ongoing training for recovery coaches; and providing agency readiness trainings to employers.

In September 2015, the division began to implement certification requirements for peer specialists. Implementation of certification requirements for family support partners began in February 2016. As of July 12, 2016, the division certified 246 peer support specialists and 51 family support partners.

Behavioral health needs of felony probation offenders

In 2015, DHW and the Department of Correction collaborated to contract with the Western Intermountain Commission on Higher Education (WICHE) to evaluate the behavioral health needs of Idaho's felony probation offenders. This gap analysis is required annually by the Idaho Legislature as a result of the Justice Reinvestment Initiative. DHW provides mental health treatment for felony probation and parole offenders, while the Department of Correction is responsible for treatment of substance use disorders for that population.

The Justice Reinvestment Initiative recommends that resources be focused on those offenders with the highest risk of recidivism and who are the highest risk to the community. The WICHE evaluation identified 7,388 offenders with moderate to high risk and high mental health needs and provided estimates for the delivery of mental health and substance use disorder treatment services.

Secure mental health facilities

Idaho has seen an increase in the number of mental holds from law enforcement and physicians over the past several years. Although this has not resulted in an increase in the number of civil commitments, there has been an increase in the number of commitments under I.C. 18-212 for restoration to competency. In addition, staff members have observed that civilly committed patients have become more dangerous. These patients are difficult to discharge because it is difficult to find appropriate housing and treatment to meet their diverse and challenging needs.

When patients are not discharged in a timely fashion, it creates a bottleneck at the state hospitals and requires patients to be held longer in community psychiatric hospitals. When community psychiatric hospitals are holding the division's patients waiting to be admitted to our state hospitals, it causes the community psychiatric hospitals to fill up. Patients are being cared for in emergency departments and in critical access hospitals that are unable to adequately and appropriately meet their needs.

The division is researching the feasibility of establishing secure mental health facilities to provide a safe setting for dangerous patients to receive treatment in an appropriate environment to deal with the violence. A secure setting also would prevent the patients from absconding/escaping.

Behavioral Health Community Crisis Centers

During the Idaho Legislature's 2016 session, the division asked lawmakers to approve a third behavioral health crisis center, modeled after successful facilities established in Idaho Falls and Coeur d'Alene. Legislators approved the request and included a fourth in their appropriation. The two new crisis centers are planned for Boise and Twin Falls.

Crisis centers provide a humane and affordable alternative to jails or hospital emergency departments for people who are in crisis from a mental illness or substance use disorder. The centers are open 24/7. People in crisis are stabilized and then connected to community resources that can help them effectively deal with their situations and avoid further crises, frequently avoiding incarceration or a trip to the emergency department.

The Behavioral Health Crisis Center of Eastern Idaho in Idaho Falls opened in December 2014. The Northern Idaho Crisis Center in Coeur d'Alene opened in December 2015.

Behavioral Health Crisis Center of Eastern Idaho (opened Dec. 2014)

	SFY2015	SFY2016
Crisis Center visits	735	1,950
Clients served (unduplicated)	377	689
Average length of stay (hours)	11.51	16.66
Diagnosis type		
Substance use only	82	157
No significant mental health or substance use diagnosis	22	37
Mental health only	264	876
Mental health & substance use	298	835
Inadequate info	34	19

Northern Idaho Crisis Center (opened Dec. 2015)

	SFY2016
Crisis Center visits	615
Clients served (unduplicated)	414
Average length of stay (hours)	7.05
Diagnosis type	
Substance use only	25
No significant mental health or substance use diagnosis	29
Mental health only	214
Mental health & substance use	146
Inadequate info	72

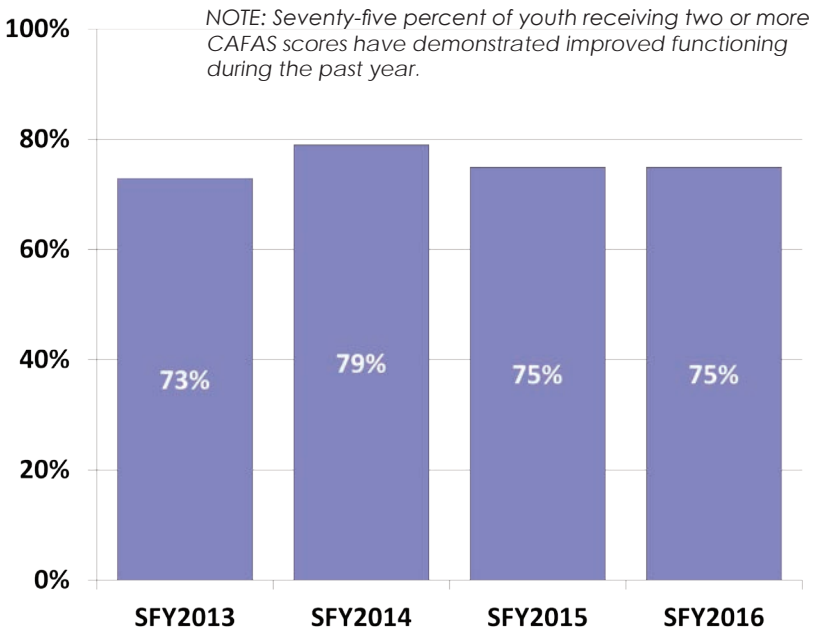
Children's Mental Health Services

The Children's Mental Health program is a partner in the development of a community-based system of care for children with a Serious Emotional Disturbance (SED) and their families. The program provides crisis intervention, case management and other supports that increase the capacity for children with SED and their families to live, work, learn, and participate fully in their communities. Most treatment services are delivered by private sector providers in the community through referrals by the division.

Parents and family members play an essential role in developing the system of care. They are involved in all levels of development, including policies, laws, and their own service plans. Without parental involvement and the support to sustain their involvement, the system of care would not be able to achieve positive outcomes for the children and their families.

The Child and Adolescent Functional Assessment Scale (CAFAS) is used as an eligibility and outcome measure for children and youth qualifying for and receiving services from the Children's Mental Health program. This behaviorally based instrument is backed by extensive research supporting its validity and sensitivity to measure change.

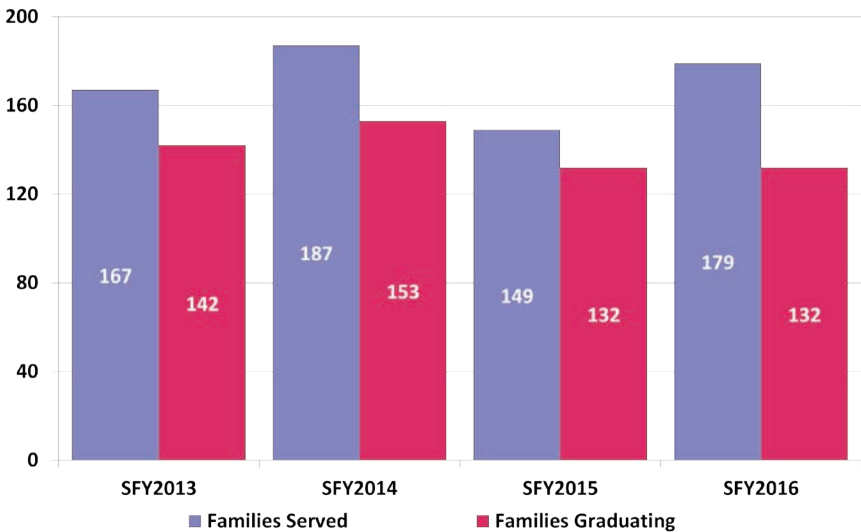
Improved Functioning Measured by CAFAS



The Children's Mental Health program continues to provide Parenting with Love and Limits (PLL) statewide. The evidence-based program is effective in treating youth with disruptive behaviors and emotional disorders. The annual evaluation continues to demonstrate positive outcomes that are consistent with national PLL programs.

Idaho's program showed improvement in functioning and reduced the amount of time a youth and his or her family receives services from the Children's Mental Health program. Forty percent of families have their cases closed within three months of completing PLL services, compared to an average length of service of 12 months for non-PLL families.

Parenting with Love and Limits



Youth receiving Parenting with Love and Limits showed significant reductions in negative behaviors as measured by the Child Behavior Checklist instrument. A multi-year evaluation indicates negative behaviors declined in the areas of aggressive behaviors, rule breaking, conduct disorder, oppositional defiant behaviors, externalizing behaviors, and internalizing behaviors. Of the 179 families served in SFY2016, there were 132 graduating families. The rate of graduation from PLL was 85 percent, which continues to exceed the 70 percent goal. Since its start in 2008, PLL has served 1,354 families statewide.

In January 2016, the Children's Mental Health program made modifications to the authorization process for respite services to allow families receiving services from private providers to have access to respite care. The modifications allow the Children's Mental Health program to

receive referrals from community providers and authorize respite services for families with children with serious emotional disturbance who are not otherwise receiving services through the program.

DHW continues to work with county juvenile justice, magistrate courts, the Idaho Department of Juvenile Corrections, and parents in situations involving youth with mental health issues and the courts. Idaho Code Section 20-511A of the Juvenile Corrections Act allows the court to order mental health assessments and plans of treatment if a youth under court jurisdiction is believed to have a serious emotional disturbance.

Children Receiving Mental Health Services

	SFY2013	SFY2014	SFY2015	SFY2016
Total Children Served	2,468	2,554	2,554	2,320
Court Ordered 20-511A	528	600	583	603
Parenting with Love and Limits	167	187	149	179
Case Management	1,518	1,494	1,464	1,411
Alternate Care	49	38	46	65

Youth Empowerment Services

Thousands of Idaho children with serious emotional disturbance (SED) could have better access to community-based mental health services as a result of the June 2015 settlement agreement reached in the Jeff D. federal class action lawsuit.

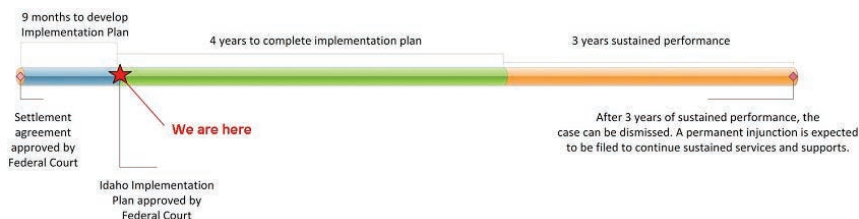
The Idaho Implementation Plan was developed as the state's response to the settlement agreement. It was approved by the district court in May 2016. The Implementation Plan is the first step to completing the requirements outlined in the settlement agreement. It describes the work of developing and implementing a transformational process that will result in a new system of care for children with serious emotional disturbance by 2020. That will be followed by a three-year sustainability period in which the state will continue to be monitored to ensure the system of care works as intended. The work is being led by the division and includes the following state agency partners: Division of Medicaid, Division of Family and Community Services, Division of Welfare, Idaho Department of Juvenile Corrections, and the State Department of Education.

The Idaho Implementation Plan lists seven objectives, or areas of work, that describe strategies for meeting the requirements listed in the settlement agreement. The work of each of the objectives is inter-related and should be read in the context of the entire implementation plan. While acknowledging the complexities of developing the infrastructure and new systems, the plan is concrete and feasible in its steps toward accomplishing the outcomes required by the agreement.

The following work, and more, is addressed in the implementation plan:

- The plan provides for a continuum of care with enhanced services and supports to facilitate a home and community-based approach to service delivery. Medicaid benefits are intended to be the primary funding source for the continuum of care.
- A new ideology will be adopted that articulates the "System of Care Values and Principles" promoted by Substance Abuse and Mental Health Services Administration (SAMHSA). Involvement of class members and their families in the development, operation, and improvement of the system of care is key in this process.
- Providing sufficient access to the enhanced continuum of care is vital and will be accomplished with effective tools and processes such as the Child and Adolescent Needs and Strengths (CANS) tool and a wraparound planning and treatment process. Multiple pathways will help families gain access to assessment and services.
- The state is developing a workforce development plan. The scope of the plan will address the current and future demands for a sufficient and competent mental health workforce and education, training, and ongoing coaching of stakeholders. A practice manual will be developed to provide information about new requirements and guidance to promote stakeholders' understanding of the features of the system of care.
- The state will work across systems to build a centralized complaint routing and tracking system. The state will build procedural due process safeguards that afford proper notice to class members and their families and fair hearings upon request.
- A governance structure that operates through collaboration will be put in place to ensure successful implementation and oversight of the plan. The structure will include representation by class members, class members' families, family advocacy, and other stakeholders.
- The measurement and reporting of treatment outcomes and the performance of the system of care will be accomplished through the development of a Quality Management, Improvement and Accountability (QMIA) process.

More detailed information, including a glossary and work updates, is available on the website devoted to this work: www.youthempowermentservices.idaho.gov or yes.idaho.gov.



Adult Mental Health Services

The needs of Idaho adults who have a mental health diagnosis are diverse and complex. The division works to ensure that programs and services ranging from community-based outpatient services to inpatient hospitalization services are available to eligible Idaho residents.

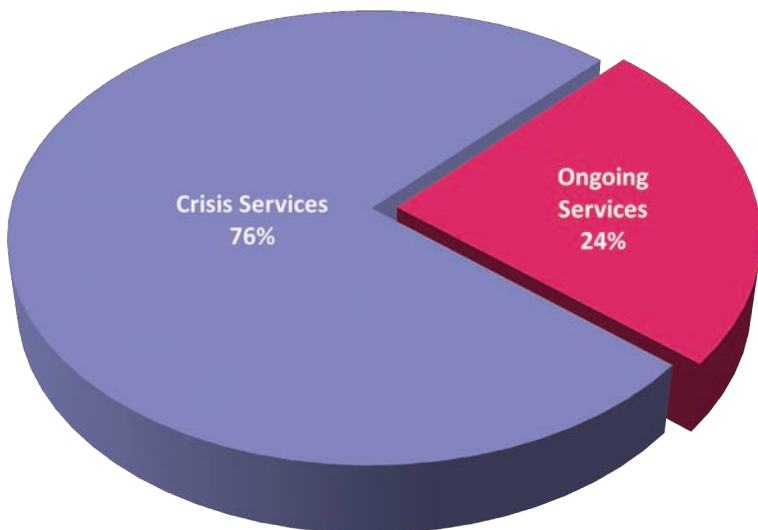
Eligibility includes service to those who are:

1. Experiencing psychiatric crisis
2. Receiving treatment by court order
3. Diagnosed with a serious mental illness or a serious and persistent mental illness with no other resources available to meet their needs

The provision of state-funded mental health treatment to Idaho residents is distributed between seven community-based regional behavioral health centers serving all 44 counties in the state. Each regional behavioral health center is staffed with a variety of licensed treatment professionals (psychiatrists, nurse practitioners, social workers, clinicians, and other mental health workers). Each regional behavioral health center offers crisis services and ongoing mental health services.

Emergency services are provided statewide through the Adult Mental Health crisis units. Crisis units provide phone and consultation services 24/7. Crisis units also screen all adults who are being petitioned for

Adults Receiving Mental Health Services SFY2016



court-ordered commitment. The court-ordered commitment process is followed when the court determines that someone is likely to injure themselves or others. People who are placed under commitment may be treated in a community or state hospital, or they may receive intensive community-based care for acute needs. During SFY2016, 76 percent of the participants receiving services from the division received crisis services. The remaining 24 percent received ongoing mental health treatment. The primary goal of ongoing mental health services is to promote recovery and improve the quality of life for Idaho adults with mental health diagnoses.

Adults Served

The division's regional behavioral health centers provide court-ordered evaluation, treatment recommendations and other necessary treatment provisions for individuals being sentenced under Idaho Code 19-2524, 18-211/212, 66-329, and/or Mental Health Court. Adults referred through Mental Health Court receive Assertive Community Treatment (ACT) services, with ACT staff integrally involved in collaborative mental health court meetings.

Eligible individuals can also receive case management services through regional behavioral health centers. Case managers use person-centered planning to identify mental health needs.

Once treatment needs are identified, case managers link the participant to available community resources, coordinate referrals, advocate for the participant, and monitor service effectiveness and participant satisfaction. Short- and long-term, non-intensive services are available on a limited basis.

Supportive Services

Community support services are available on a limited basis. These services include outreach, medication monitoring, benefits assistance, community-based rehabilitation services, employability, and housing support.

Assertive Community Treatment (ACT)

ACT services provide a full array of community-based services as an alternative to hospitalization for adults with serious and persistent mental illnesses who have the most intense service needs. ACT services are provided by a team of professional staff and certified peer specialists. Services include individualized treatment planning, crisis intervention, peer support services, community-based rehabilitation services, medication management, case management, individual and group therapy, co-occurring treatment and coordination of other community support services.

Co-occurring Mental Health and Substance Use Disorders Services

According to the National Survey on Drug Use and Health, in 2014, an estimated 39.1 percent of adults with a substance use disorder within the past year also had a co-occurring mental illness. The division's regional behavioral health centers provide integrated treatment for those diagnosed with co-occurring mental health and substance use disorders. If regional behavioral health centers are unable to provide a full range of co-occurring treatment for participants, they may refer or collaborate with a private agency to provide additional services.

Adult Mental Health Services				
	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Adults Served	10,921	13,207	13,503	13,940
Supportive Services (meds, housing & employment)	4,987	4,120** (revised)	3,893	2,031
Assertive Community Treatment	605	611	560	587
Co-occurring Services	1,256*	1,680	1,777	1,914

**The increase in co-occurring services does not represent a new service population, but reflects recognition of the importance of serving people with mental illness and substance use disorders through an integrated system of care.*

***SFY2014 data was revised from 3,718 to 4,120 to reflect a correction because of code changes made in mid-SFY2014.*

State Hospital North

Todd Hurt, Administrator, 476-4511

State Hospital North (SHN) in Orofino is a 60-bed psychiatric hospital that provides treatment for adults in psychiatric crisis. The hospital collaborates with patients, their families, and the referring regional behavioral health center to develop goals for hospitalization and to arrange follow-up care after an inpatient stay.

Hospitalization at State Hospital North is intended to be of short to intermediate duration with the objective of stabilizing presenting symptoms and returning the patient to community living in the shortest reasonable period of time. Length of stay is variable based on patient needs and prevailing best practices within the mental health field. The median length of stay is about 55 days.

Admissions to State Hospital North are referred through the Regional Behavioral Health Centers. Treatment is individualized and is delivered by interdisciplinary treatment teams consisting of psychiatrists, a nurse practitioner, a medical doctor, licensed nurses, psychiatric technicians, master's level clinicians, psychosocial rehabilitation specialists, therapeutic recreation specialists, a dietitian, and support personnel.

Staff deliver a number of specialized services that include assessments and evaluations, medication management, a variety of therapies, opportunities for community integration, involvement in recreational and educational activities, and discharge planning. The facility uses the Recovery Approach in treatment and promotes alignment with the patient in developing a self-directed care plan to assist them as they work toward their recovery goals.

SHN Adult Inpatient Psychiatric Services

	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Adult Patient Days	17,408	16,153	16,834	18,026
Admissions	278	217	243	233
Avg. Daily Census	48	44	46	49
Daily Occupancy Rate	79%	74%	77%	82%
Median Length of Stay	43	44	48	55
30 Day Readmission Rate	2.2%	2.3%	2.1%	<1%
180 Day Readmission Rate	8.6%	10.6%	13.6%	7.7%
Cost Per Patient Day*	\$463	\$506	\$509	\$492

State Hospital South

Tracey Sessions, Administrator, 785-8402

State Hospital South (SHS) celebrated its 130th year of service on July 13, 2016. Included in this celebration was the final placing of more than 1,000 headstones in the hospital's cemetery. Since the hospital was established in 1886 in Blackfoot, it has provided care to over 29,000 patients. The cemetery grounds are a point of pride because they honor pioneers of mental health who lived the life and left their legacy.

The hospital is licensed by the state to serve 90 adult patients, 16 adolescent patients, and 29 residents in the Syringa Chalet skilled nursing home. The hospital is accredited by the Joint Commission, which is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting established performance standards.

Patients are referred to the hospital by regional behavioral health centers after civil or competency restoration commitment in their local courts. Civilly committed patients have been found to be a danger to themselves, a danger to others, or gravely disabled. Competency restoration patients (13% of the adult population in SFY2016) have been found unfit to proceed in the criminal justice system because of mental illness. SHS admitted 102 competency restoration patients in SFY2016. That represented a 59.36% increase over the previous fiscal year.

With the mixed population, patients often require single rooms. That requirement affects the hospital's occupancy rate and waiting list. Patients with increased aggression, substance use disorders, and criminal thinking and behavior require additional staff to maintain safety, as well as the use of more seclusion and restraints. There is an increase in contraband issues and attempted elopements. Treatment plans must be modified more frequently, and the legal reporting requirements for these patients require considerably more psychologist time for testing and writing reports than for the hospital's civil commitments.

Patient-centered treatment for all the hospital residents is provided by an interdisciplinary team of benefits specialists, dental professionals, dietitians, nursing staff, psychiatric and general practice physicians, physician assistants, physical therapists, psychologists and counselors, recreational therapists, social workers, treatment coordinators, and other support staff.

Each adult unit also has a peer specialist who promotes recovery by offering hope and encouragement to patients as well as modeling personal success in managing a mental health disorder. During treatment, patients are assisted by a multidisciplinary team in developing

a personalized Wellness Recovery Action Plan for when they return to community living.

Adolescents between the ages of 11-17 are served in a unit that is geographically separate from adult treatment. The average age of adolescents in treatment is 14.6; the average age of adults is 39.8; and the average age of residents in the skilled nursing home is 73.1.

The safety of hospital staff and patients is of primary importance. During the past year, SHS has completed a number of projects to improve overall safety. These include a fully operational duress system that was put in place to help with staff and patient safety. Kitchen equipment that was nearly 30 years old also was updated. The hospital also did some tunnel demolition and remodeled the laundry building to meet the needs of the maintenance staff.

SHS Adult Inpatient Psychiatric Services				
	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Adult Patient Days	26,241	27,375	26,005	28,112
Admissions	550	608	547	640
Avg. Daily Census	72	75	71	76.8
Median Length of Stay (Days)	33	29	30	32
Daily Occupancy Rate	79.9%	83.3%	79.2%	85.3%
30 Day Readmission Rate	2.5%	1.64%	2.56%	3.75%
180 Day Readmission Rate	12.3%	14.14%	14.26%	15.16%
Cost Per Patient Day	\$533	\$533	\$600	\$589
Syringa Skilled Nursing				
Patient Days	8,986	8,856	8,837	9,355
Admissions	15	11	14	17
Occupancy Rate	84.9%	83.7%	83.5%	88.1%
Cost Per Patient Day	\$568	\$588	\$621	\$604
Adolescent Unit				
Patient Days	4,176	4,181	4,562	4,574
Admissions	110	122	149	131
Daily Occupancy Rate	71.5%	71.6%	78.1%	78.1%
Median Length of Stay (Days)	33	31	29.0	31
30 Day Readmission Rate	0%	0.8%	2.7%	0%
180 Day Readmission Rate	3.6%	3.3%	8.1%	4.6%
Cost Per Patient Day	\$676	\$643	\$724	\$747

Substance Use Disorders Program

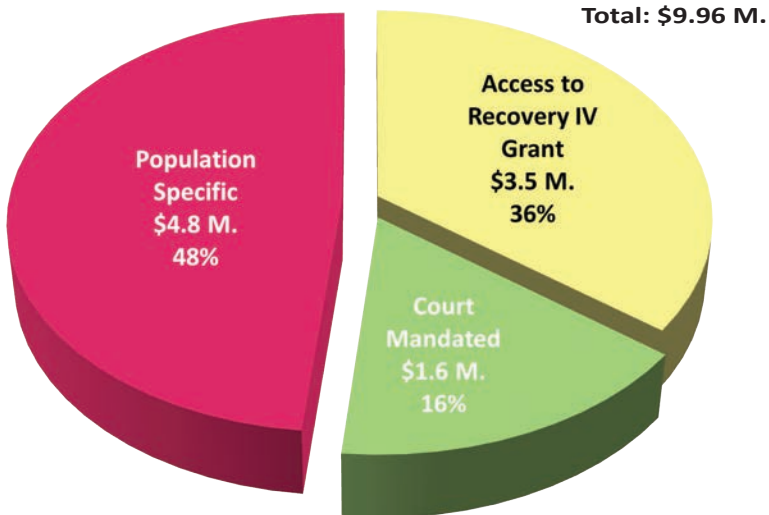
The Substance Use Disorders Program includes:

- Substance use disorders treatment.
- Management of the substance use disorders provider network.
- Training for treatment staff.
- Behavioral health program approval.
- Tobacco inspections.

Services for substance use disorders are delivered through contracts with private and public agencies with a focus on best practices and evidence-based programs. The goal of treatment is to help participants live their lives in recovery. Idaho has 81 state-approved treatment providers at 148 locations. Treatment services include detoxification, outpatient therapy and residential treatment.

The network also includes 28 stand-alone recovery support service providers at 63 locations. Recovery support services include case management, family life skills, recovery coaching, safe and sober housing for adults, childcare, transportation, and drug testing. Specialized services are available for pregnant women, women with dependent children, and adolescents.

**SFY2016 Substance Use Disorders Expenditures
by Priority Population**

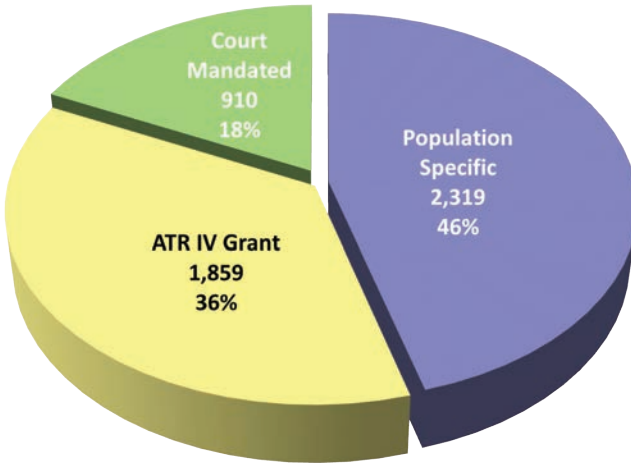


**Population Specific includes adolescents, adults, IV drug use, women with children, child protection, Idaho Youth Treatment Program clients, and patients discharged from state hospitals.*

Idaho was one of only five states awarded the Access to Recovery 4 (ATR) grant in October 2014. It is a three-year grant program that provides substance use disorders services to veterans, the homeless and families involved with child protection services. This funding allows the division to provide treatment and recovery support services to people who could not previously be served.

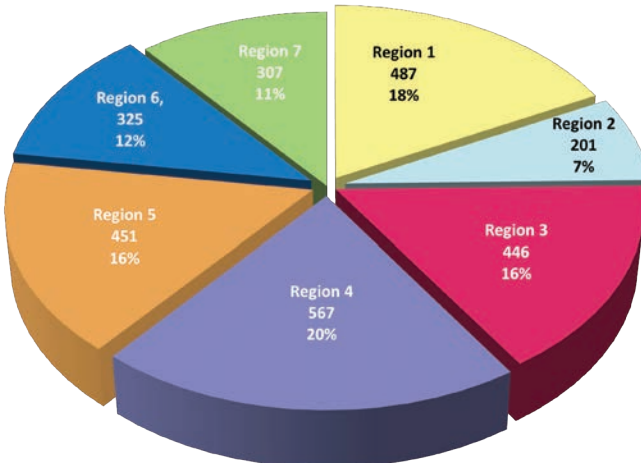
The division served 4,861 unduplicated substance use disorders clients in SFY2016.

Substance Use Disorders Treatment by Priority Population



Note: DHW collaboratively funded treatment for some clients in the Court Mandated and Population Specific priority populations. Participants may be served in more than one priority population.

Substance Use Disorders Client Intakes by Region



The Idaho Tobacco Project

The Idaho Tobacco Project works with tobacco retailers to prevent youth-access to tobacco products. The Tobacco Project provides retailers with educational materials and no-cost permits, and supports inspections to evaluate compliance with the state statute that prevents minors' access to tobacco. Educational materials include a monthly newsletter, a training CD, point-of-sale training resources (posters near cash registers or in staff areas) and online training resources (preventthesale.com/Idaho) to help retailers educate their sales staffs and store managers.

To encourage tobacco retailers to remain vigilant against selling tobacco to minors, youth-purchase inspections are conducted annually at every retailer site that youths can enter legally. In 1998, the first year statewide youth-purchase tobacco inspections were implemented, the violation rate was 56.2 percent. In 2015, the survey of inspections resulted in a violation rate of 8.88 percent. The chart below depicts the findings of the annual survey of tobacco inspections youth inspectors have conducted.

	CY2011	CY2012	CY2013	CY2014	CY2015
Permittees	1,703	1,730	1,654	1,663	1,639
Inspections	1,841	1,741	1,976	1,798	1,768
Violations	115	113	154	135	157
Non-Compliance Rate	6.3%	6.5%	9.1%	7.51%	8.88%

Division of Welfare

Lori Wolff, Administrator, 334-5696

The Division of Welfare/Self Reliance promotes stable, healthy families by helping Idahoans meet basic needs and gain financial and health stability. Programs administered by the division include:

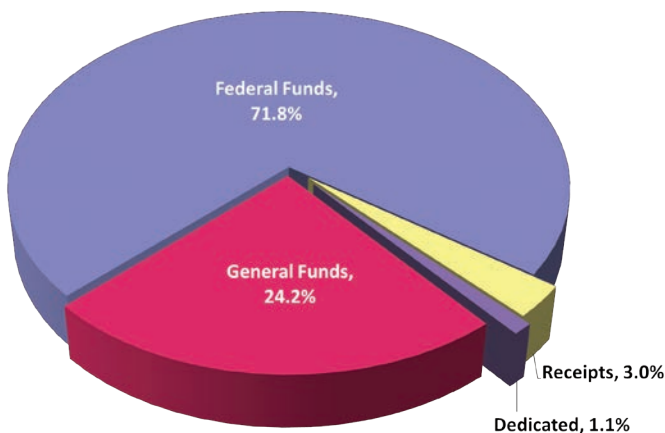
- Child Support Services
- Supplemental Nutrition Assistance Program (SNAP, or Food Stamps)
- Child Care
- Temporary Assistance for Families in Idaho (TAFI-cash assistance)
- Aid to the Aged, Blind, and Disabled (AABD-cash assistance)

These programs, also called Self Reliance programs, provide critical support options for low-income families and individuals while encouraging participants to improve their financial situations and become more self-reliant.

The division also determines eligibility for health coverage assistance, including Medicaid and tax credits for private insurance coverage. Self Reliance also focuses on helping Idaho families live better through nutrition education, work and training programs, access to quality child care and early learning programs, and support services that help them be successful in the workforce.

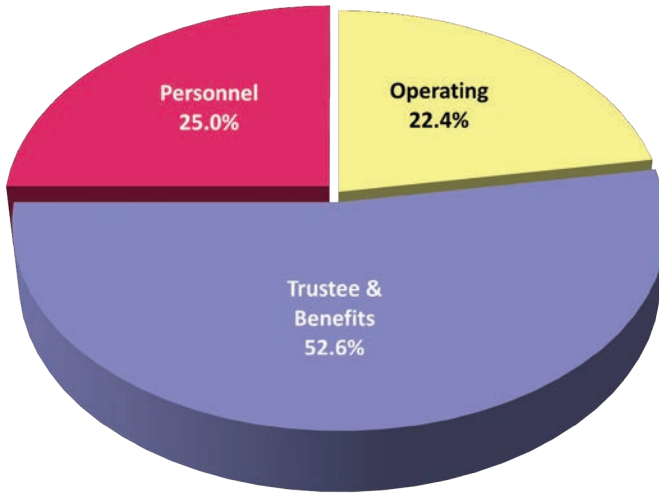
The division also administers additional programs through contracts with local partner organizations that provide food and assistance for home energy costs, telephone, and home weatherization.

Welfare SFY2017 Funding Sources

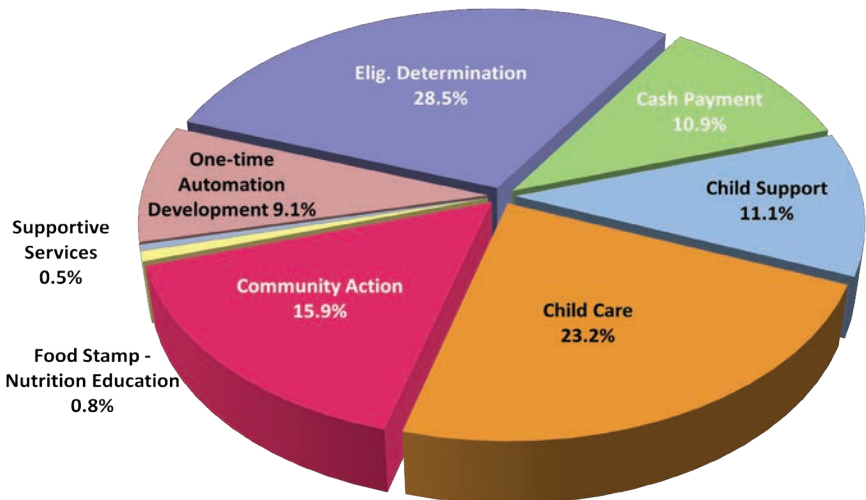


Authorized FTP: 635.6 Original Appropriation for SFY2017 General Funds \$40.8 million, Total Funds \$168.9 million; 6.1% of Health and Welfare funding.

Welfare SFY2017 Expenditure Categories



Welfare SFY2017 Appropriation by Program



2016 Year in Review

Self Reliance programs and services

The Self Reliance programs are intended to help low-income families in Idaho gain stability and financial independence by providing critical support services. The combination of key supports such as health coverage, food and nutrition assistance, child care, child support and job search assistance helps families obtain employment or remain in the workforce as they balance their ability to pay a mortgage, utilities, and provide for their children. Helping Idaho's low-income families find and keep employment, especially during challenging times, will enable them to enhance earning potential and gain stability until they no longer need the support of public assistance.

During SFY2016, many households continued to need support during periods of unemployment or low wages to help supplement their family income for food, healthcare, and child care needs. Overall, growth in program participation is leveling as the economy stabilizes. However, many families remain either underemployed or working for wages below the poverty level. Application and recertification activities continue to be the division's focus as staff ensure eligibility determinations are accurate and service delivery systems effective. The department has strengthened its focus on employment and training programs, as well as nutrition education and quality child care so investments are made in helping families live better and move to stable and long-term self-sufficiency.

The division currently serves about 175,000 families who receive services from benefit programs in the following groups:

Families with children	Disabled adults	Seniors over 65	Non-disabled adults under 65
59%	20%	12%	9%

Approximately 1 in 4 participant families have at least one elderly or disabled member living in the household. About 352,000 individuals receive service through a benefit program in Idaho sometime throughout the year, with approximately 60% participating in one program and 40% participating in two or more programs.

The Division of Welfare also administers Idaho's Child Support Program with a primary focus on ensuring children have support they need from both their parents. The division maintains 160,000 child support cases. About 66% of families with a current child support case also participate in a benefit program.

Health Coverage for Idaho Families

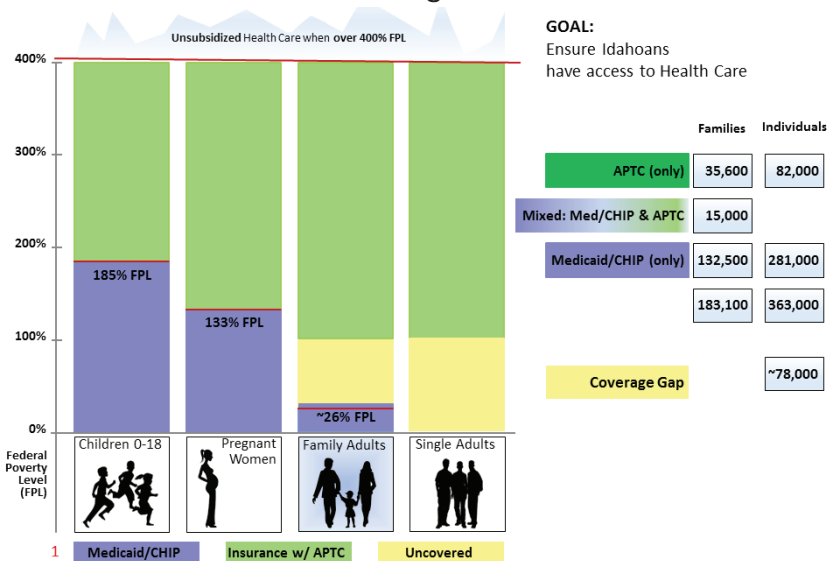
A major focus over the past three years has been to ensure that Idaho families have access to health insurance, either through Medicaid services when they are eligible or through eligibility for a tax credit to help pay for private insurance purchased on the state-based exchange. The Division of Welfare determines eligibility for all Medicaid programs and calculates the Advanced Payment of Tax Credits (APTC) to be used toward purchase of a private health plan.

Since the implementation of new health care policies, Idaho has seen only a small increase in Medicaid participation. The state has not changed eligibility thresholds for the Medicaid program. Participation increased by only 4% in the past year.

In 2016, DHW determined tax credit eligibility for approximately 92,000 Idahoans. They were able to use that tax credit to help pay for private health insurance purchased on Idaho's health insurance exchange, Your Health Idaho. The tax credit helped make health coverage affordable for many Idaho families.

Partnerships with Idaho's health insurance exchange, Idaho insurance companies, hospitals, and other stakeholders have ensured the pathway to healthcare coverage in Idaho is effective for everyone. Although the state still has a large gap in health coverage for adults who fall below 100% of the Federal Poverty Limit, Idaho has improved access to health coverage for many and has made these changes effectively, with one of the best and lowest cost systems in the nation.

Health Coverage Assistance



Performance

The Division of Welfare met or exceeded federal standards for accuracy in all of its self-reliance programs. Program performance continues to be recognized for exceptional innovation, service delivery redesign, and use of technology by federal partners, other states, and national organizations.

In the true Idaho spirit for smart governance and efficient administration of public programs, the division has redesigned business processes, used new technologies, and ongoing change management to improve performance and achieve exceptional results.

Idaho is a top-performing state for timeliness of services, accuracy in eligibility decision-making, and low administrative costs. This transformation has been possible because of the strong commitment from Idaho leadership, supportive community partnerships, and skilled state employees who operate these programs.

Self-Reliance Services

The Division of Welfare provides services in three categories:

1. **Benefit Program** services include:

- Food assistance (Supplemental Nutrition Assistance Program (SNAP), or Food Stamps)
- Child care assistance (Idaho Child Care Program)
- Eligibility determination for health coverage assistance, including Medicaid and the Advanced Payment of Tax Credits (APTC), that provides help for families to pay for private insurance purchased on the state health insurance marketplace.
- Cash assistance in the form of Temporary Assistance for Families in Idaho (TAFI) and Aid to the Aged Blind and Disabled (AABD) programs.

Applications are available in field offices around the state, as well as online, by phone, and through the mail. These services have strict eligibility requirements as identified in state and federal rules. Benefit program services are delivered to those receiving Food Stamps, TAFI, or AABD through the Electronic Benefit Transfer (EBT) system.

2. **Child Support** services include:

- Locating an absent parent, conducting paternity testing, and creating a new and/or enforcing an existing child support order, or modifying a support order.
- Providing medical support enforcement to ensure children are covered by health insurance.
- Helping other states enforce orders and collect child support for

parents living in Idaho, which accounts for about one-fifth of Idaho's child support cases.

The Child Support Program uses secure electronic transfer of collected funds to distribute child support to families.

3. Partnership Program services include:

- Community Service Block Grants, which help eliminate the causes of poverty and enable families and individuals to become self-reliant
- Nutrition-related services and food commodities
- Low-income home energy assistance
- Weatherization assistance to help low-income households conserve energy and save money
- Telephone assistance for people with low-income

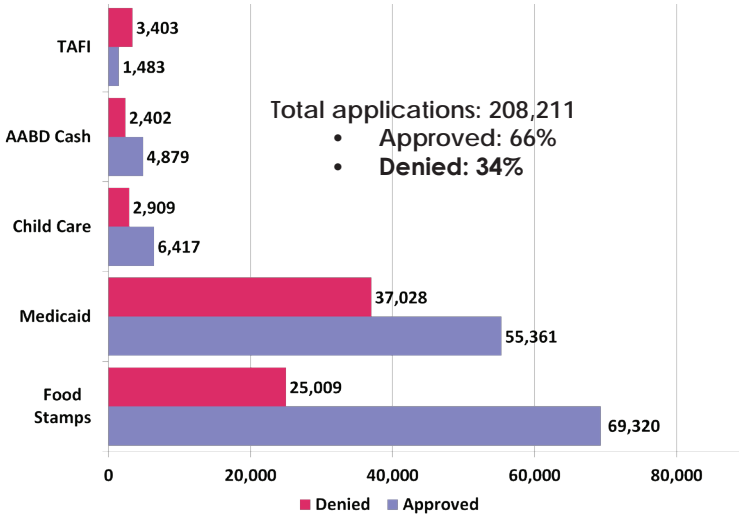
Partnership programs are supported by pass-through funds the division directs to local non-profit and community-based service providers. The division recognizes that local needs are often best met by local organizations. At the same time, local organizations throughout the state can benefit from a single entity overseeing administrative and fiscal management, rather than duplicating this function in each locale. Partnerships such as the Community Action Partnership Association of Idaho are essential in meeting needs of residents throughout the state.

Program Participation

Participation in benefit programs, Child Support, and partnership programs is measured by the average monthly caseload or individuals served each month, but these numbers do not give a complete picture of the number of people served during the year. The numbers also do not give an accurate picture of the workload for the Self Reliance staff.

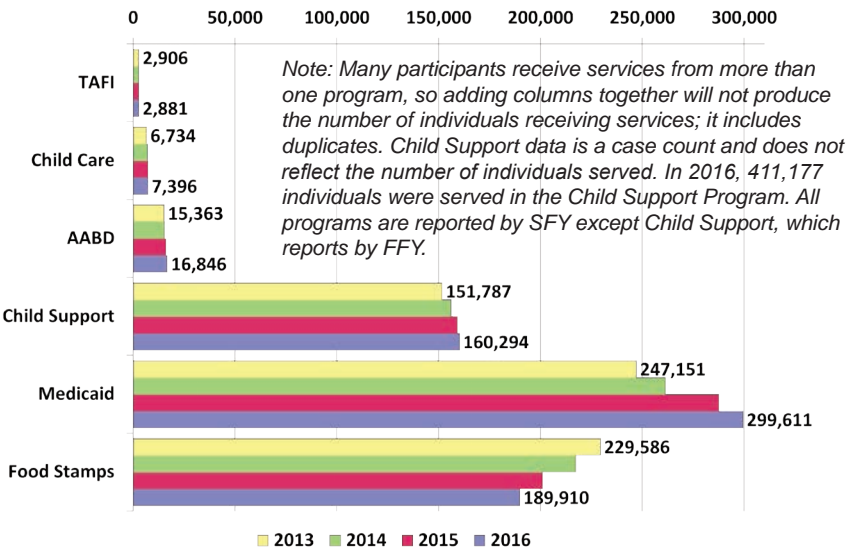
Processing applications for citizens seeking services is a labor-intensive process. Welfare/Self Reliance staff process all applications for services, but not all applications are approved. People who are denied services are not reflected in program participation and caseload counts, even though significant time and effort may have been expended in the application process.

SFY2016 Applications Approved and Denied

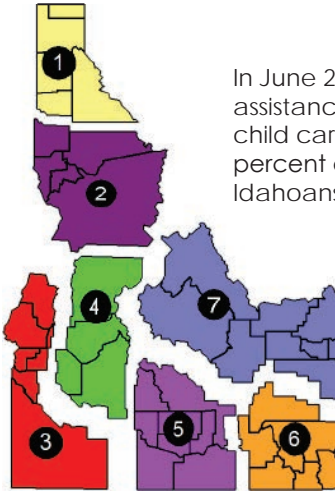


Benefit programs are designed to be work supports for low-income families in Idaho. The division has designed benefit programs to encourage families to find a job, keep a job, and move on to higher wages and self-sufficiency. The Food Stamp and TAFI programs have work participation requirements to help individuals find employment. As low-income families find success in the workplace, long-term outcomes for families and children are improved.

Average Monthly Individuals Served



Numbers Served by Region



In June 2016, a total of 352,166 people received assistance in the form of Medicaid, food stamps, child care, and cash assistance. This is more than 20 percent of the state's total population. Almost 346,000 Idahoans were served in 2015.

Region 3, which includes Canyon County, has the greatest percentage of population receiving assistance services, while Region 4 has the lowest. Five of the seven regions have more than 20 percent of their populations receiving one of the four main assistance services.

Region	Estimated Population	Receiving Cash Payments	Child Care Assistance	Food Stamps	Medicaid	Totals
1	225,007 13.6%	3,185 1.4%	1,007 0.4%	24,894 11.1%	40,670 18.1%	47,276 21.0%
2	107,383 6.5%	1,489 1.4%	269 0.3%	8,693 8.1%	15,463 14.4%	17,597 16.4%
3	272,363 16.5%	4,427 1.6%	1,528 0.6%	42,017 15.4%	66,858 24.5%	76,956 28.3%
4	477,248 28.8%	5,040 1.1%	1,778 0.4%	40,401 8.5%	64,473 13.5%	75,580 15.8%
5	192,395 11.6%	1,989 1.0%	878 0.5%	20,893 10.9%	40,863 21.2%	45,584 23.7%
6	166,429 10.1%	2,278 1.4%	756 0.5%	20,520 12.3%	33,932 20.4%	39,084 23.5%
7	214,105 12.9%	1,833 0.9%	1,069 0.5%	23,927 11.2%	44,169 20.6%	50,089 23.4%
Totals	1,654,930 100.0%	20,241 1.2%	7,285 0.4%	181,345 11.0%	306,428 18.5%	352,166 21.3%

Note: Estimated population percentage (in column 2) represents regional share of the state's total population. Percentages under each program are the percentage of each region's population participating in that program. Many participants receive services through more than one program. The total (in the last column) is an unduplicated count of these four self-reliance programs.

Use of benefit programs remained flat in all parts of the state during SFY2016. Region 3, where 76,956 individuals participated in a Self Reliance benefit program, had the highest service usages and led the state in enrollment in all four of the benefit programs. Idaho's most populous area, Region 4, which contains more than one-quarter of the state's population, had the lowest use of benefit programs, with 15.8 percent of residents receiving benefits.

Benefit Program Services

The Division of Welfare manages assistance and support services in five major programs:

1. Supplemental Nutrition Assistance Program (SNAP, or food stamps)
2. Child care
3. Medicaid eligibility
4. Eligibility for Advanced Payment of Tax Credits (APTC)
5. Cash assistance (through Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind, and Disabled)

Supplemental Nutrition Assistance Program (Food Stamps)

Overview: The Supplemental Nutrition Assistance Program (SNAP), also known as the Food Stamp Program, helps low-income families maintain good health and nutrition. SNAP benefits are federally funded, but the state shares the cost of administering the program with the federal government. Benefits are provided through an Electronic Benefits Transfer (EBT) card, which works like a debit card.

To qualify for SNAP, a family must meet the following eligibility requirements:

- Be an Idaho resident who is either a U.S. citizen or meets specific lawful residency criteria.
- Provide proof of identity.
- Meet income eligibility limits of 130 percent of poverty or less for family size.
- Have assets less than \$5,000.
- Meet stricter eligibility requirements if applicant is a student, legal immigrant or convicted felon.
- Participate in a work search program, unless exempt.

All eligibility requirements are verified through electronic interfaces or documentation provided by the family. Once approved for SNAP benefits, a family must participate in a semi-annual or annual re-evaluation of their household circumstances. In the re-evaluation process, all elements of eligibility are re-verified using these same methods.

SNAP recipients, unless exempt, must either be employed 30 hours per

week or participate in job search activities to help them find or improve employment opportunities to continue receiving benefits. The primary focus of the work program is to help SNAP recipients get a job, keep a job, or find a better job. Failure to participate in this program results in the individual losing his or her SNAP benefits.

SNAP Benefit Amount: The amount depends on a variety of circumstances, such as the number of people in the household, income, and other factors. Generally, larger household sizes or lower incomes result in higher benefit amounts. In June 2016, the average SNAP allotment per person in Idaho was \$114, or about \$1.27 per meal.

What is available for purchase with SNAP?

Households may use SNAP benefits to purchase food to eat, such as:

- Breads and cereals.
- Fruits and vegetables.
- Meats, fish, and poultry.
- Dairy products.
- Seeds and plants that produce food for the household to eat.

Households may **not** use SNAP benefits to purchase alcoholic beverages, tobacco, or any nonfood items such as:

- Soaps, paper products.
- Pet foods.
- Household supplies.
- Vitamins and medicines.

SNAP benefits also may **not** be used for:

- Food that will be eaten in the store.
- Hot foods.

Change in SNAP Issuance Cycle:

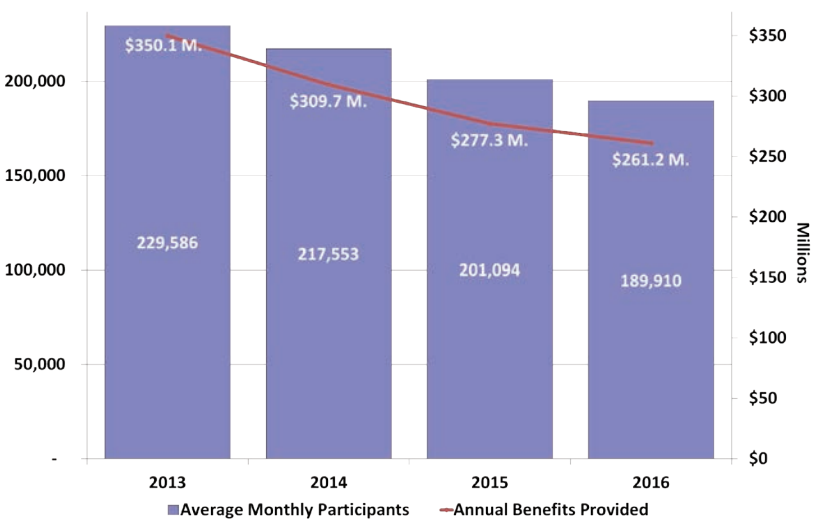
The Division of Welfare implemented a new initiative on July 1, 2016, that changed when consumers receive their monthly SNAP benefits. This initiative changed the issuance date of all SNAP benefits from the first day of the month to a staggered issuance over the first 10 days of the month. This change was very successful because of strong partnerships and planning for the initiative early on.

Caseload Growth:

SNAP enrollment is responsive to economic conditions, expanding during recessions and contracting during improved economic times. Idaho experienced SNAP expansion, realizing unprecedented participation growth beginning in 2007 and continuing through 2011. Beginning in SFY2012 as the economic outlook began to improve, Idaho once again began requiring all eligible, able-bodied adults to participate in the state's work program.

During SFY2016, Idaho's SNAP caseload showed a reduction in the number of individuals receiving SNAP benefits, from 195,000 in June 2015 to 181,000 in June 2016. The state continues to see a slow, steady decline in the number of people who receive SNAP benefits as the economy improves and more jobs become available.

**SNAP: Average Individuals Served Monthly
and Total Annual Benefits Provided**



Program Performance

Idaho's SNAP program continues to perform at a high level, without increases in staffing or administrative overhead costs. Over the past five years, Idaho has consistently remained one of the top states in the country for providing accurate benefits in a timely manner.

One of the goals of the Self Reliance program is to help families receive services as quickly as possible. In 2016, nearly three out of four families eligible for food stamps received benefits the same day they applied. On average, eligible Idaho families receive benefits within two days of submitting an application.

Idaho Child Care Program

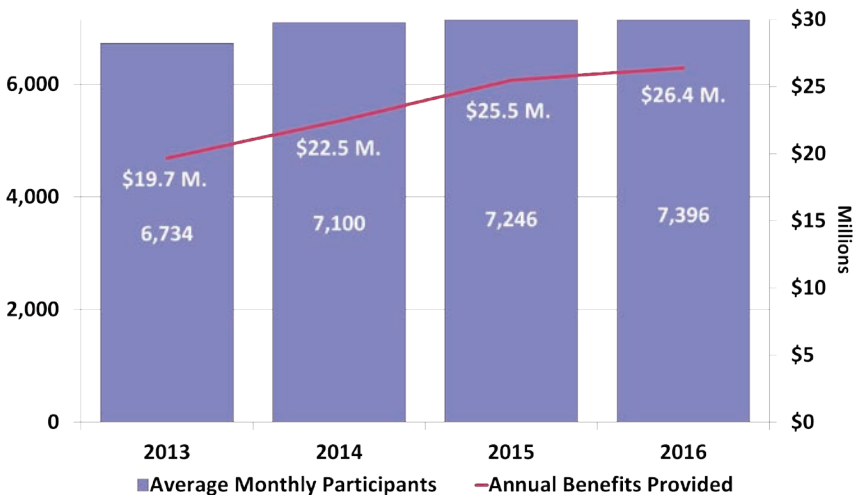
The Idaho Child Care Program (ICCP) provides critical work supports in the form of child care subsidies to low-income families to assist with child care expenses so parents can maintain employment or complete their higher education. Child care assistance is available to families in Idaho who are income eligible and have an eligible activity.

Because of the high costs of child care, many parents earning near minimum wage could not afford to work and pay for child care without ICCP assistance. On average, ICCP provided services for approximately 7,400 children per month during SFY2016, with total annual payments of nearly \$26.4 million.

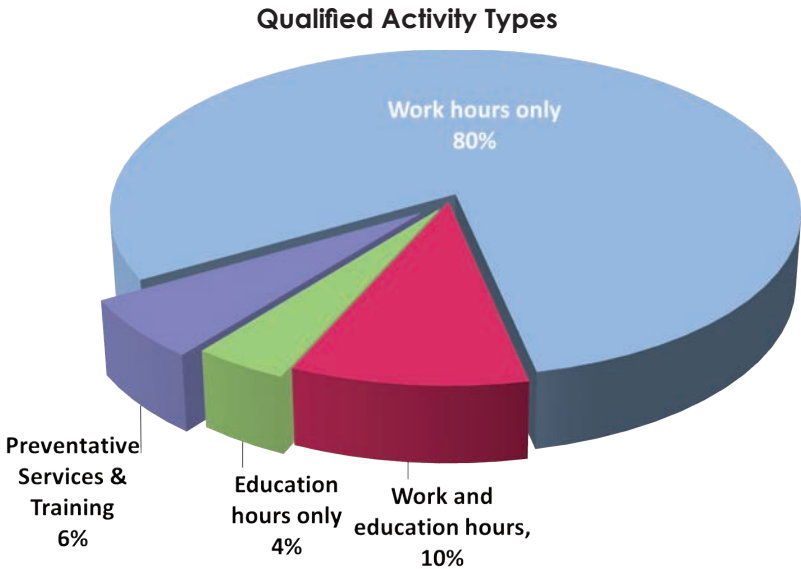
To qualify for child care assistance, a family must meet the following:

- Children must be under the age of 13.
- Parents must be working or attending college.
- They must be a U.S. citizen or meet specific lawful residence status.
- Meet income eligibility limits of 130% of poverty or less for family size.

**ICCP Average Monthly Children Served
and Total Annual Benefits Provided**



The average number of child care participants per month increased from 7,246 in SFY2015 to 7,396 in SFY2016. This slight increase was caused by the improved economy as people returned to work and needed child care again.



Eighty percent of parents are working. Just fewer than 10 percent are attending college and working, while about 4 percent are attending college. The ICCP program supports these parents on their path to self-sufficiency.

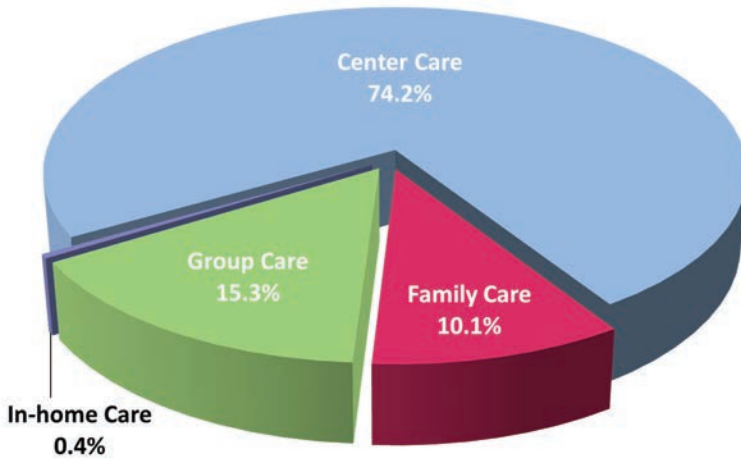
The Idaho Child Care Program also helps families find a provider in their area through the department's referral system. Last year, 1,922 child care referrals were provided for Idaho families. The Idaho Child Care Program also invests in the quality of care to support children's healthy development and learning by supporting child care licensing, quality improvement systems to help programs meet higher standards, and support for child care workers to attain more training and education.

A provider is eligible to receive ICCP payments if they meet minimum health and safety standards, which include annual CPR/ first-aid certification, cleared background checks for all adults with direct contact with children, and a health and safety inspection every year. Families may choose from the ICCP qualified providers to find the type of child care situation that best meets their needs.

On the next page is a breakdown of the choices parents receiving ICCP made last year about the type of child care their children receive.

In SFY2016 the ICCP program provided resources, training, education, scholarships, and incentives to child care providers who seek to improve the quality of their child care programs. IdahoSTARS conducted

Types of Child Care Providers



4,805 training sessions and provided 2,908 training scholarships and 78 academic scholarships statewide at an annual cost of \$257,675 in SFY2016. IdahoSTARS also supported providers with \$499,009 in program improvement grants and incentives.

Medicaid Eligibility

The Division of Welfare determines financial and personal eligibility for Medicaid services. To receive health coverage from Idaho Medicaid, a person must meet certain eligibility requirements.

An individual must fit one of the following categories:

- Be a child under the age of 19.
- Be a pregnant woman.
- Be an adult with a child under the age of 19.
- Have participated in the Idaho Foster Care Program at age 18 and is currently younger than age 27.
- Be age 65 or older.
- Be blind or disabled according to Social Security Administration criteria.

If one of the categories above is met, the person must then meet the following eligibility criteria:

- Be a citizen or legal immigrant.
- Be a resident of the state of Idaho.
- Household income must be less than the program income limits for the household size.
- Resources must not exceed the program resource limits. (There is no resource limit for people eligible for the MAGI Medicaid program.)

To receive services, all the above eligibility requirements must be verified with documentation from the family or through federal or state computer interfaces at several points:

- For all new applications.
- For the annual eligibility re-evaluation.
- Whenever a household or income change is reported.

The MAGI Medicaid program is designed to provide Medicaid benefit programs for children, pregnant women, and parents or caretaker relatives of dependent children. This program only considers the Modified Adjusted Gross Income (MAGI) in the eligibility calculation and does not include any resources.

Income limits are different for the different Medicaid categories. For example, a family of four (two adults and two children) would be eligible to receive Medicaid services for their children if their income is less than \$3,848 per month. The parents in this family would be eligible for Medicaid coverage if their income was below \$540 per month. Income limits are different for individuals with disabilities and for pregnant women. Single adults with no children and no disabilities are not eligible for Medicaid coverage. A table showing eligibility income limits for Idaho Medicaid can be found at: www.benefitprograms.dhw.idaho.gov.

The average monthly Medicaid enrollment increased by 4 percent during SFY2016. As of June 2016, about 306,000 people were receiving Medicaid services in Idaho. The Division of Welfare receives approximately 7,700 Medicaid applications per month. On average, an eligibility decision on a Medicaid application is made in six days. Participants must have their eligibility for Medicaid coverage reviewed every 12 months. The re-evaluation period takes place each fall to coincide with the open enrollment period for the Affordable Care Act. In SFY2016 the department reviewed about 92,000 applications for health coverage assistance, including Medicaid and the Advanced Premium Tax Credit (APTC).

In 2014, Idaho transitioned to a state insurance marketplace called Your Health Idaho (YHI). The insurance exchange allows Idahoans to purchase private health insurance. DHW partnered with YHI to integrate the eligibility function in determining the Advanced Payment of Tax Credit. The APTC helps families with income between 100%-400% of the Federal Poverty Limit pay a portion of the cost of health insurance. These families are not eligible for Medicaid coverage. DHW processes all financial applications for YHI and determines the amount of tax credit a family is eligible to receive and then redetermines that tax credit on an annual basis.

DHW allocates the costs for completing the eligibility function to YHI to ensure no state general funds or resources are used to pay for these services.

Cash Assistance

1. Temporary Assistance for Families in Idaho (TAFI)

The TAFI Program provides temporary cash assistance and work preparation services for families with minor children. The program serves an average of about 1,900 households and nearly 2,900 individuals. Approximately 94% of households are child-only cases; the remaining 6% are single- or two-parent households. Child-only cases are usually relatives caring for a child whose parents cannot care for them.

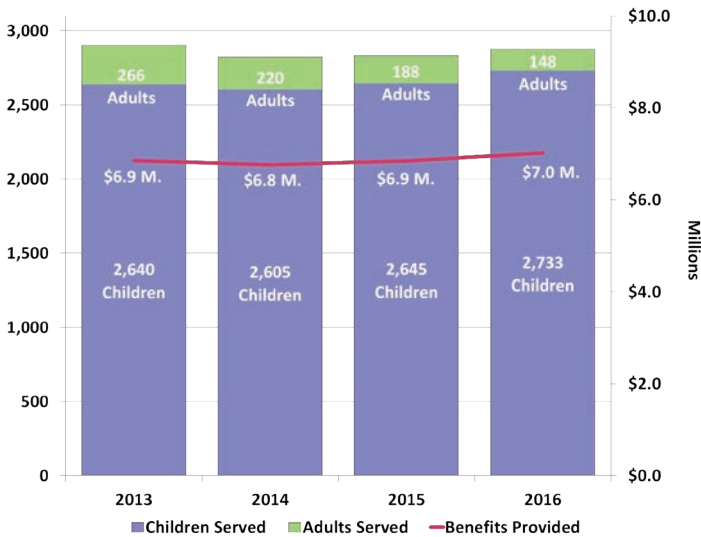
Idaho TAFI beneficiaries receive a maximum of \$309 per month, regardless of family size. These funds help pay for food, shelter, clothing, and other essentials. Idaho has a lifetime limit of 24 months of TAFI cash assistance for adults. To qualify for TAFI cash assistance, a family must meet the following eligibility requirements:

- Be an Idaho resident who is either a U.S. citizen or meets specific lawful residency criteria.
- Provide proof of identity.
- Meet income eligibility limits for family size.
- Meet personal asset limits.
- Cooperate with Child Support enforcement.
- Participate in drug and alcohol abuse screening and if determined to be in need of treatment must comply with a treatment plan.
- Participate in the Enhanced Work Services program and meet strict participation requirements.

All eligibility requirements are verified through electronic interfaces or through documentation provided by the family. Ongoing, intense job coaching and case management ensures that the state always has the most up-to-date status on the family to determine eligibility.

Idaho's TAFI cash assistance program requires participation in work preparation activities that build or enhance the skills needed to increase participants' income so they become self-sufficient. They are required to participate 20 – 40 hours per week (depending on family composition) for approved activities, including but not limited to searching for a job, education directly related to employment, work experience opportunities and substance abuse treatment. Failure to meet these required activities results in closure of the TAFI assistance and an additional penalty period during which the family is not eligible to receive TAFI cash. Child-only cases are not subject to work participation requirements.

TAFI Monthly Enrollment and Total Annual Benefits



2.Aid to the Aged, Blind, and Disabled (AABD)

AABD provides cash assistance to certain low-income people who also receive medical assistance because they are blind, disabled, or age 65 or older. AABD cash assistance is intended to supplement the person's income to help them meet the needs of everyday living.

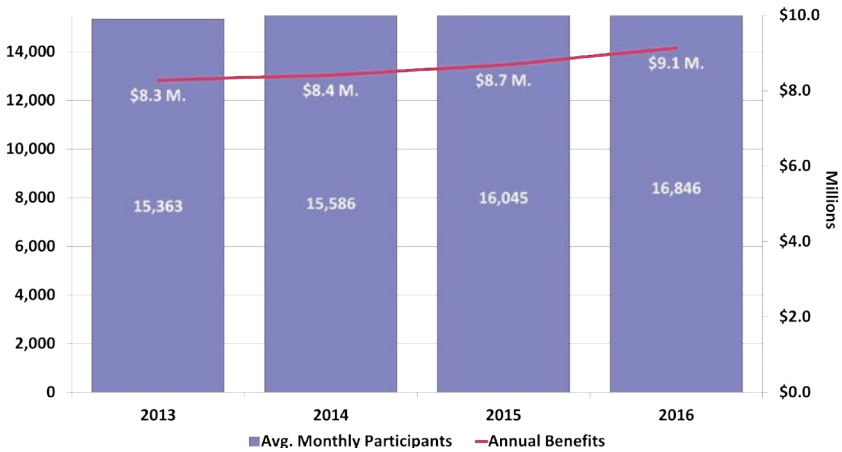
The state of Idaho currently meets the Maintenance of Effort (MOE) requirements established by the Social Security Administration to administer a State Supplemental Cash Program. The current MOE provides a monthly average cash benefit amount of \$53 per enrollee. AABD cash payments are paid with 100% state general funds and can range anywhere from \$18 per person to \$198 per person, depending on the living arrangement of the person receiving the payment.

Individuals are eligible to receive AABD cash assistance if they meet the following requirements:

- The income limit for an individual receiving AABD cash assistance is \$786 per month, or \$1,120 per couple per month.
- Personal assets must not exceed \$2,000 per person per month, or \$3,000 per couple per month.
- An individual must be aged or disabled to qualify for the cash payment and must receive Social Security Income or Social Security Disability Income.
- The living arrangement of the person will determine the amount of cash assistance he or she receives. People who live in a certified family home are not eligible for AABD cash benefits.

On average, 16,846 people received AABD cash payments each month during SFY2016.

AABD Average Monthly Enrollment and Total Annual Benefits



Child Support Services

The Division of Welfare manages Idaho's Child Support Program. The program offers two types of services:

1. Receipting-only service, which records payments in the child support automated system and distributes the payment according to the court order.
2. Enforcement service, which establishes and enforces orders to ensure both parents are financially and medically responsible for their children.

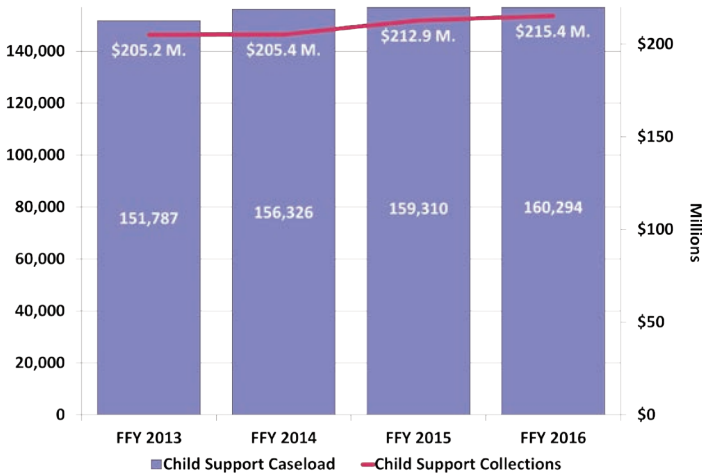
All child support orders that require payments be made through the State Disbursement Unit qualify for receipting-only services at no cost. Any parent or guardian may apply for enforcement services for a one-time \$25 fee. Enforcement services are required if a custodial parent is receiving cash assistance, food stamps, Medicaid, or child care; services are provided to the benefit recipient at no charge.

Enforcement services include:

- Paternity testing and paternity establishment to identify fathers.
- Locating non-custodial parents to pursue enforcement actions.
- Establishing and/or modifying court orders.
- Collecting and distributing child support payments.

In FFY2016, the Child Support Program administered 160,294 child support cases. This includes 38,803 Receiving Services Only cases. The program collected and distributed more than \$215.3 million. About 86% (or \$185 million) of that is from enforcement methods, and the remaining 14% (or \$30 million) is from Receiving Services Only.

Monthly Average Child Support Caseload and Total Dollars Collected



About 66% of families with a child support case participated in a benefit program. DHW's goal is to ensure that children have access to the support needed to help them thrive and succeed. Child support can often be the stabilizing factor in ensuring children eat healthy, have access to healthcare, and have positive learning and education opportunities. DHW strives to support families in making this possible by helping them obtain support orders, enforcing child support payments, providing information to both parents, and getting payments to children quickly. Idaho serves over 400,000 individuals through the Child Support Program every year.

Child Support Program Participation for FFY2016

Parents and children	411,000 individuals*
Non-custodial parents	133,000
Custodial parents	127,200
Children receiving services	176,100

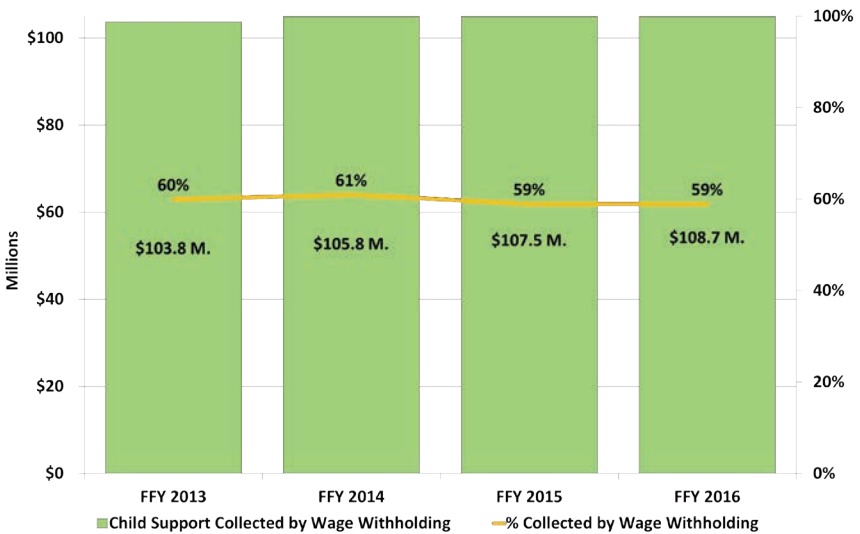
**Individuals may receive services from more than one case, making rows not additive to the total unduplicated count of individuals.*

Child Support Enforcement Methods

The Idaho Child Support Program uses a variety of methods to enforce child support orders. Just over half (52%) of Idaho child support cases owe past-due support. The primary tool for enforcing payments is wage withholding, where wages are automatically deducted from the payee's employment check. This requires coordination with employers across the state of Idaho. Other tools include new-hire reporting through electronic data matching, license suspension, federal and state tax offsets, and direct collection methods, including financial institution data matching. The Idaho Child Support Program collects \$7.78 for every dollar it spends. Idaho ranks 7th nationally for cost effectiveness in child support collections.

During FFY2016, the Child Support Program receipted 557,686 payment transactions, completed 220,314 customer service calls, and 535,727 interactive voice response calls.

Child Support Collected Through Wage Withholding



Wage Withholding: Wage withholding is the most important tool the state uses to collect child support payments from noncustodial parents who are not voluntarily making their payments. Growth in collections by wage withholding is partly because of improved accuracy, new-hire reporting, and nationwide employment matching services. In FFY2016, \$108.7 million was collected using this tool, accounting for 59 percent of all the state's child support collections, as shown in the chart above.

New-hire Reporting-Electronic Data Matching: The department electronically matches parents responsible for paying child support with those taking new jobs by cross-referencing information from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who begin new jobs. DHW matched an average of 2,086 people per month in FFY2016.

License Suspension: Non-custodial parents who are \$2,000 or 90 days behind in child support are subject to license suspension. This could include drivers' licenses, fishing and hunting licenses, and occupational licenses. Approximately 2,641 noncustodial parents qualified for license suspension monthly in FFY2016. On average, there were 105 licenses suspended each month. Most noncustodial parents enter into a repayment agreement before having a license suspended, which accounts for the difference in the numbers.

Federal and State Tax Offset: Noncustodial parents who are behind in their payments are subject to state and/or federal tax offsets. In FFY2016, households who receive child support enforcement services received \$14.5 million in tax offset dollars for Idaho children.

Direct Collections: When appropriate, the state can collect past-due child support payments directly from several sources, including lottery winnings, public employee retirement system benefits, unemployment benefits, and bank accounts through Financial Institutions Data Matching.

Intergovernmental

Idaho provides intergovernmental services to parents living in Idaho when the other parent lives in another state, a U.S. territory, on tribal land, or a foreign country. Idaho has reciprocity with all states in the U.S. and its territories. In FFY2016, Idaho had 24,718 interstate cases, where one parent lived in another state. Idaho has 79 international cases, where one parent lives in another country with reciprocity in Idaho:

Australia	11	Canada	44
England	4	Germany	13
Netherlands	2	Norway	1
Poland	1		
Sweden	3		

In 2015, Idaho passed the Uniform Interstate Family Support Act of 2008, which refined existing practices for the establishment and enforcement of support orders with foreign countries who are party to an international treaty or who have entered into reciprocating agreements. This important legislation will ensure privacy, consistency, and efficiency in establishing and enforcing support orders for people living in other states as well as in certain foreign countries.

UIFSA 2008 was enacted August 30, 2016, when President Obama signed the instrument of ratification. Although the UIFSA 2008 added some new countries to the list of those we have current reciprocity agreements with, Idaho has not established any new child support orders with these new countries since the legislation was passed.

Child Support Service Fees

The Child Support Program provides services for parents who need help in making sure both parents meet their responsibilities for the health and welfare of their children. The following fees are charged for specific services in child support cases:

- Child Support service application fee: \$25
- Establishing paternity or a child support order:
 - If parents stipulate: \$450
 - If case goes to trial: \$525
- Income tax refund-attachment-state: \$25
- Income tax refund-attachment-federal: \$25
- Annual noncustodial parent collection fee: \$25

Partnership Programs

Partnership programs include a variety of services delivered by local organizations, both public and private, across the state. Partner organizations providing these services on the division's behalf operate under contracts with DHW. Partner programs provide participants with emergency support, transportation, employment, home utility expenses, home weatherization, and food/nutrition services.

Much of the funding for these services comes from federal grants. The services provide additional work supports for low-income families and often meet their needs so they do not have to access DHW programs. Partnership programs also can bridge the gap for individuals and households transitioning from other DHW programs and services to full self-reliance.

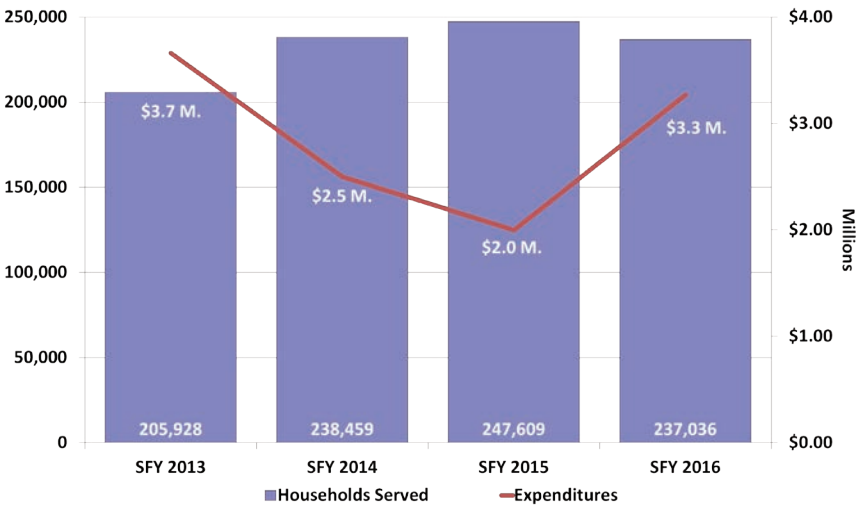
Members of the Community Action Partnership Association of Idaho are the division's primary partners in providing these programs. Action Agency members help eligible community members in their regions through the following programs:

Community Services Block Grant (CSBG) funds programs that help eliminate the causes of poverty and enable families and individuals to become self-reliant. Services are delivered through locally operated and managed community action agencies and the Community Council of Idaho. Grant funds provide emergency and supportive services,

employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. CSBG assisted 92,022 individuals and spent approximately \$3.7 million in SFY2016.

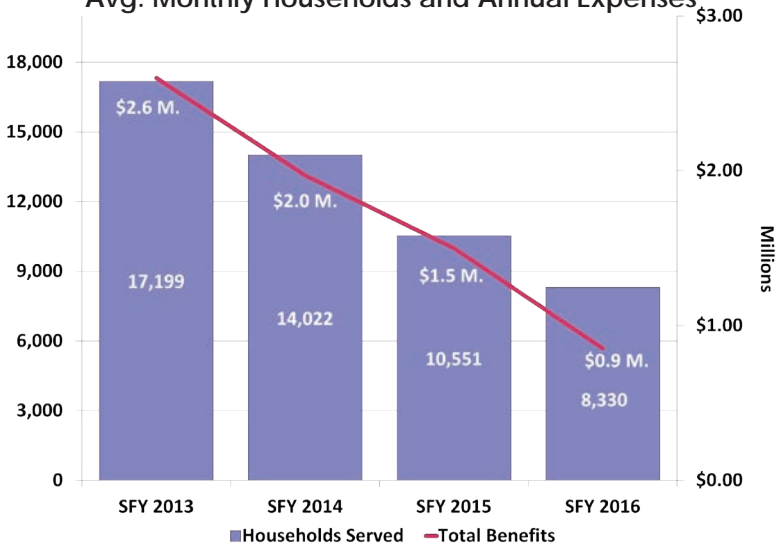
The Emergency Food Assistance Program (TEFAP) helps supplement the diets of people in Idaho's low-income households. Food for TEFAP is purchased from production surpluses and distributed to the state. In Idaho, community action agencies distribute these commodities through their warehouses to local food banks and soup kitchens. In SFY2016, TEFAP distributed 2.8 million units of food valued at \$3.3 million to 237,036 households.

The Emergency Food Assistance Program (TEFAP): Households Served and Annual Value of Food Distributed



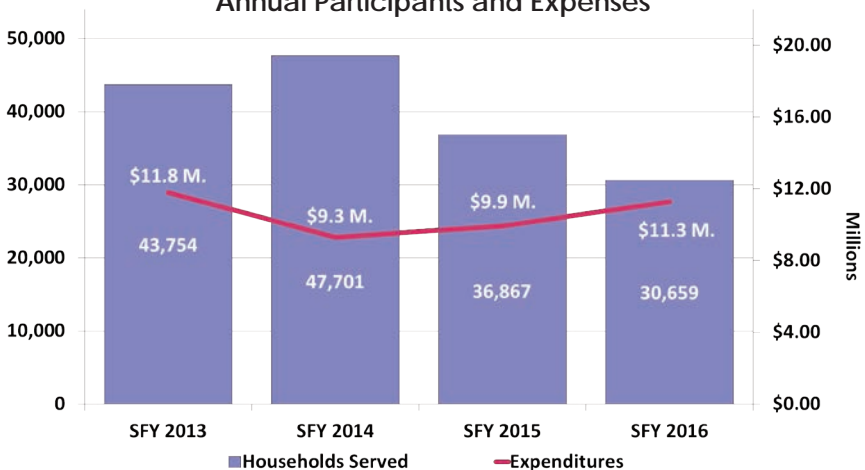
The Idaho Telecommunications Service Assistance Program (ITSAP) pays a portion of telephone installation and/or monthly service fees for qualifying households. Benefits are funded by telephone companies using monthly fees collected from service customers. In SFY2016, the program served 8,330 households, with a monthly benefit of about \$11.75 per household. Benefits for the state fiscal year totaled nearly \$1 million.

Telephone Service Assistance Program Avg. Monthly Households and Annual Expenses



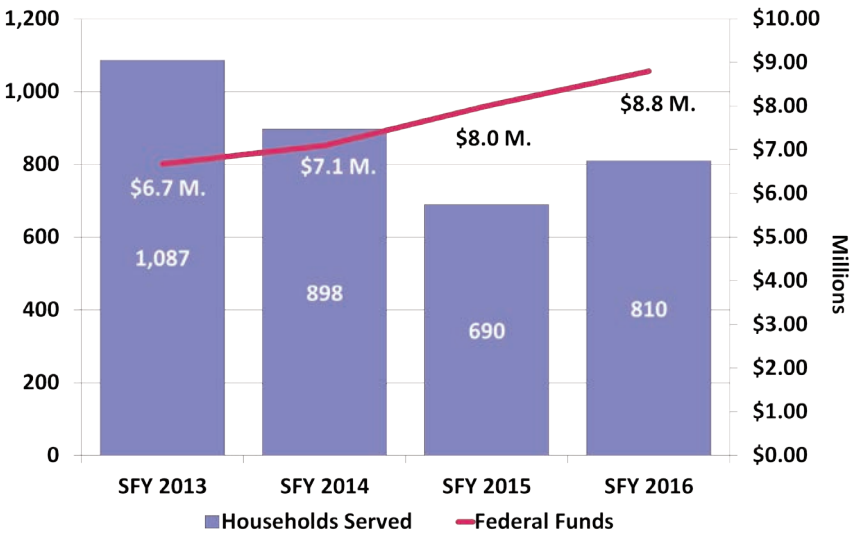
Low-Income Home Energy Assistance Program (LIHEAP) supports several energy conservation and education programs for low-income individuals. It also pays a portion of energy costs for qualifying households. LIHEAP is managed by local community action agencies that make utility payments directly to suppliers on behalf of eligible beneficiaries. The program helped 30,659 households pay \$11.3 million in energy costs in SFY2016. Up to \$250,000 in voluntary contributions of Idaho's Grocery Tax Credit are also used to provide some funding to Idaho's LIHEAP Program.

Low-Income Home Energy Assistance Program (LIHEAP) Annual Participants and Expenses



Weatherization Assistance Program helps low-income families conserve energy, save money, and improve living conditions by upgrading and weatherizing their homes. Idaho's weatherization program is funded by utility companies, the U.S. Department of Health and Human Services, the Bonneville Power Administration, and the U.S. Department of Energy. Eligible efficiency measures include air sealing (weather-stripping and caulking), wall and ceiling insulation, heating system improvements or replacement, efficiency improvements in lighting, hot water tank and pipe insulation, and appliance replacement. The Weatherization Assistance Program provided \$8.8 million for efficiency improvements to 810 Idaho households in SFY2016.

Weatherization Assistance Program
Total Households Served and Annual Expenditures (Federal)



Note: The total funds represented in these charts are federal funds allocated to the state for weatherization services. Weatherization agencies also receive private funds from utility companies that are not included in these charts. Agencies typically use a mixture of private and federal funds to weatherize homes. Annual decreases in households served is due to an annual increase in the cost per unit limit from DOE resulting in additional energy efficiencies to be installed per dwelling.

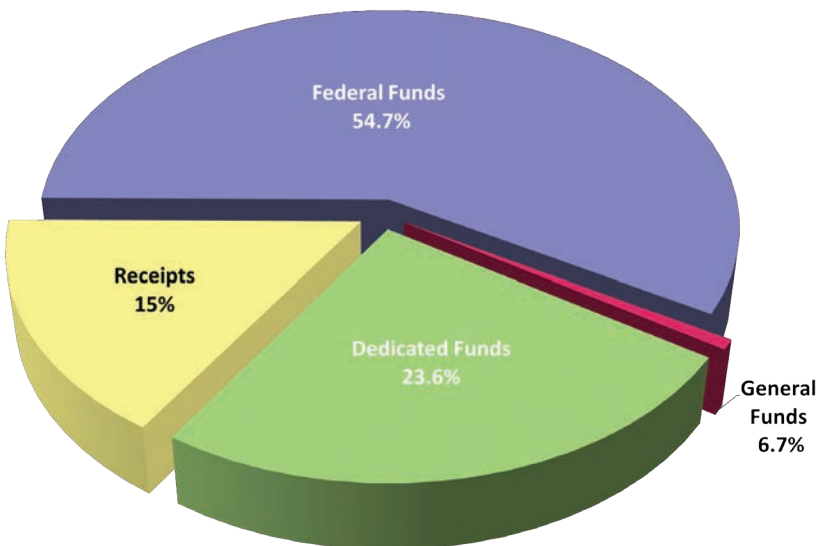
Division of Public Health

Elke Shaw-Tulloch, Administrator, 334-5950

The Division of Public Health protects the health of Idahoans through a wide range of services, including immunizations, nutrition services, chronic and communicable diseases surveillance and intervention, food safety regulation, emergency medical personnel licensing, vital records administration, health statistics compilation, rural healthcare provider recruitment, laboratory services and bioterrorism preparedness. The division's programs and services promote healthy lifestyles and prevention activities while monitoring and intervening in disease transmission and health risks as a safeguard for Idahoans. The division contracts and coordinates with local district health departments and other local providers to deliver many of these services throughout the state.

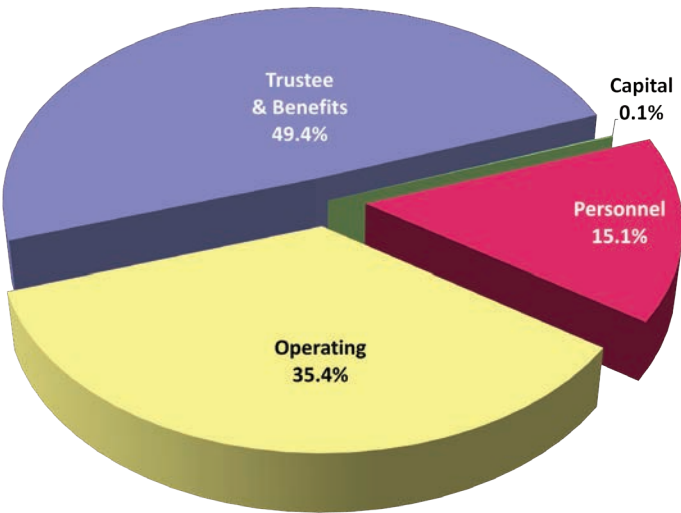
The division includes the bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services and Preparedness, Vital Records and Health Statistics, Laboratories, Rural Health and Primary Care, Communicable Disease Prevention, and Public Health Business Operations, and the newly created Suicide Prevention Program.

Public Health SFY2017 Funding Sources

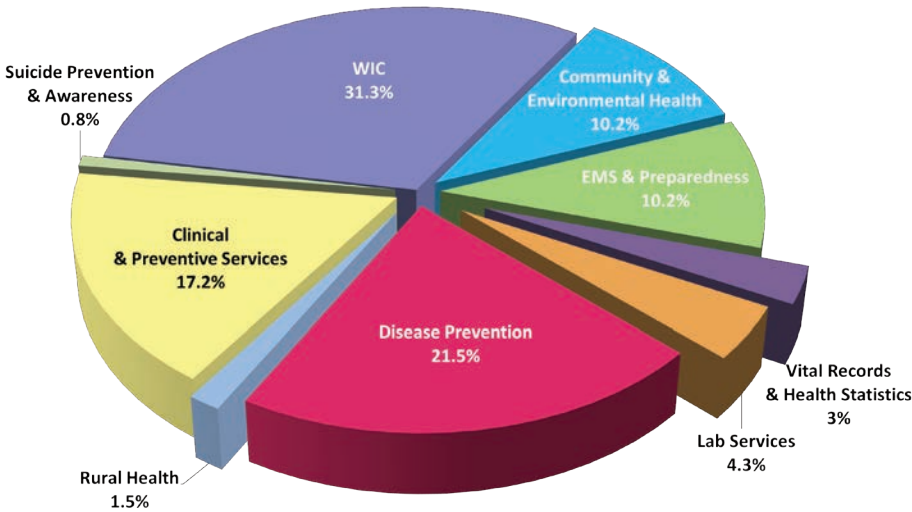


Authorized FTP: 233.34; Original SFY2017 Appropriation: General Funds \$7.8 million, Total funds \$115.8 million; 4.2% of Health and Welfare funding.

Public Health SFY2017 Expenditure Categories



Public Health Spending



2016: Protecting Public Health in Idaho

Division of Public Health: The first Division of Public Health Workforce Development Plan was published on July 1, 2016. The plan provides the foundation for how the division will respond to the training needs of the workforce, improve communication, and implement change identified through more consistent assessment and feedback from employees. It is a three-year plan with ongoing evaluation and annual review. In addition, the 2017 Training Plan was released. It includes courses for all staff that the division requires. The trainings complement the department's Core+More curriculum but are focused on public health. The first two trainings launched on July 1, 2016, were Workforce Development Plan Overview and Embracing Quality in Public Health.

Bureau of Clinical and Preventive Services: The Maternal and Child Health Program is leading Idaho's work related to the Infant Mortality Collaborative Improvement and Innovation Network (CollIN). The identified CollIN strategies are tobacco cessation for women of reproductive age and safe sleep for infants. Pilot activities are under way to address the two strategies in the state. A pilot of two health care provider clinics is assessing the impact of electronic referrals to cessation services for tobacco use versus the paper fax referral method that has historically been in place. To address safe sleep for infants, 45 child care providers in the northern part of the state have been trained on giving safe sleep messages by staff at the the CollIN partner, Inland Northwest SIDS Foundation. In addition, the Idaho Pregnancy Risk Assessment Tracking System (PRATS), which conducts an annual survey of new mothers regarding maternal experiences and pregnancy health, added two questions on safe sleep.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has begun the process to move from paper benefits to electronic benefits. A contractor, Public Knowledge, is completing the alternative analysis for a variety of approaches to eWIC implementation. When the analysis is finished, the preferred approach will become part of the Implementation Advanced Planning Document Update, which will be reviewed and approved by Food and Nutrition Services. An internal advisory group has been formed and consists of staff from IT, the program, bureau, division, fiscal, contracts, procurement, and EBT operations. The program goal is to make the transition by 2018; it is required federally by 2020.

Bureau of Communicable Disease Prevention: The bureau expanded the staffing capacity in the Healthcare Associated Infections (HAI) Prevention program to help combat antibiotic resistant bacteria emergence. The HAI Program provided funding support for staff working in Idaho's acute care hospitals to attend regional trainings on building antimicrobial stewardship

programs to help reduce the emergence of pathogens that are resistant to antibiotics. The HAI Program is providing consultation and resources to Idaho health care facilities to build surveillance capacity for antimicrobial resistant pathogens and ensure infection control and prevention capacity is available.

The Immunization Program received a Healthy People 2020 Immunization Coverage Award in recognition of accomplishment in achieving the most improved average coverage rates in the nation for three vaccinations (Tdap, Meningococcal, and HPV vaccines) among adolescents aged 13-17. This award was based on improvements from 2011 to 2014.

The Epidemiology Program assisted Idaho's public health districts in responding to the largest foodborne outbreak in Idaho history in 2015. The outbreak, associated with a deli located in Boise, resulted in 275 outbreak-associated cases of salmonellosis identified in residents of 10 states, and multiple communities in Idaho. However, because of the timely identification of the outbreak and the immediate response by local public health district staff, additional illnesses were prevented.

The Food Protection Program updated the Idaho Food Rules to reflect the 2013 Food and Drug Administration Model Food Code. Adoption of the updated Idaho food rules in 2016 will increase the ability of the department and the public health districts to protect the food supply in Idaho by modernizing the criteria for retail food establishment inspections.

Idaho Bureau of Laboratories: The Idaho Bureau of Laboratories (IBL) responded to several emerging and re-emerging disease testing requests over the last year as well as worked to improve hospital laboratory biosafety practices.

For the last two summers, IBL has been working with other state agencies to monitor plague in southern Idaho. IBL has identified the plague bacterium *Yersinia pestis* in rodents and domestic cats. This information was used to create a public awareness campaign to protect Idahoans living in the affected areas.

The bureau began performing new methods for the detection of Zika virus. The lab also conducted a statewide exercise with clinical laboratories to evaluate dangerous goods packaging and shipping competency. The information gained from this exercise will be used to help improve biosafety practices in Idaho clinical laboratories.

Bureau of Community and Environmental Health: The Bureau of Community and Environmental Health (BCEH) facilitated Collaborating for Health: Building Blocks for a Healthier Idaho, a conference held in May 2016. It was a collaborative effort of the BCEH Diabetes Prevention and Control, Heart Disease and Stroke Prevention, Comprehensive

Cancer Control, Oral Health, Project Filter, and Physical Activity programs. Conference goals were to provide opportunities to learn about best and promising practices, strategies, and research in public health and healthcare; to create a supportive and collaborative environment for multi-sector innovative ideas and approaches to public health practice, policy and research that build a strong foundation for a healthier Idaho; and to provide a venue for public health, health care, and community professionals at all stages of their career to forge new connections, collaborate, and innovate to support the health and well-being of Idahoans.

Bureau of Vital Records and Health Statistics: In response to legislation passed during the most recent legislative session, the bureau will now file records of miscarriages. This process must be requested by the parents and be certified by a medical professional.

Idaho Vital Statistics has been working in cooperation with the National Center for Health Statistics to increase voluntary physician participation in the Electronic Death Registration System. This system facilitates the electronic submission of death information by funeral homes, coroners and physicians and results in more accurate and timely submission of data. When this initiative started, Idaho had a double electronic signature rate of 69.3%. Efforts by bureau staff have resulted in seeing this improve upwards to 77% - 79% for each month in 2016.

Bureau of Rural Health and Primary Care: This bureau is a key partner in the Statewide Healthcare Innovation Plan (SHIP), with a focus on efforts to improve access to health care services in rural and underserved communities. These efforts include establishing Community Health Emergency Medical Service (CHEMS) programs, Community Health Worker (CHW) programs, expanding telehealth in Patient Centered Medical Homes (PCMH), and establishing seven Regional Health Collaboratives through partnership with local public health districts. These new and innovative projects are successfully under way. Through the bureau, all public health districts have established Regional Health Collaboratives; a new CHW training program is being offered in partnership with Idaho State University; and paramedics are attending training to establish CHEMS programs around the state. In addition, a new telehealth grant program for PCMHs is in development.

Bureau of Emergency Medical Services and Preparedness: The Business Operations and Support Section is taking the lead on the IGEMS (Idaho's Gateway for EMS) project, which has been blueprinted to provide a new and robust online licensure system for our agencies and providers. This new system will include several interfaces to improve timeliness, accuracy, and customer satisfaction. The interfaces being developed and implemented are for the patient care reporting system, Criminal

History Unit, National Registry of EMTs, National Provider Database, and the AccessIdaho payment portal.

The Public Health Preparedness and Response Section led the department's participation in the Region 10 Cascadia Rising Functional Exercise the week of June 6-10. Planning efforts were under way for nearly a year and proved to be an incredible opportunity for public health officials at all levels of government to interact and respond to a scenario in which a catastrophic 9.0 magnitude earthquake affected all of the Pacific Northwest. During the exercise, the State Public Health Emergency Operations Center was activated for the first time and supported local health districts by sharing information and providing resources. Local efforts were focused on mutual aid and medical sheltering. Lessons learned are being documented in an After-Action Report that will be used to update the department's Emergency Response Plan.

The State Communications Center (StateComm) has begun the process of becoming an Emergency Medical Dispatch (EMD) Accredited Center of Excellence (ACE). The National Academies of Emergency Dispatch, through its College of Fellows, has established a high standard of excellence for emergency medical dispatch, providing the tools to achieve this high standard at both the dispatcher level through certification, and at the communication center level through the accreditation program. If successful, StateComm will be the only Emergency Medical Dispatch Accredited Center of Excellence in Idaho and will join a growing number of accredited centers of excellence across the U.S. and in other countries that provide superior, up-to-date public care and efficient resource utilization to achieve maximum results in emergency medical dispatch situations.

The Time Sensitive Emergency (TSE) Program has been busy implementing Idaho's TSE System. All of the six regional TSE committees are formed and include local critical access hospitals, larger tertiary facilities, and many different EMS agencies. The program began accepting applications for designations from facilities for trauma, stroke, and cardiac centers in January 2016. As of November 2016, 12 applications have been received for designation, seven have been approved and designated by the TSE Council, three are pending site surveys, and two are waiting on approval. Within the next few years, it is expected that the majority of hospitals in Idaho will be designated under the Idaho TSE System.

Bureau of Public Health Business Operations: The bureau continues to lead the division's public health accreditation efforts. The accreditation teams finalized the collection of required documentation and submitted it to the Public Health Accreditation Board (PHAB) in August 2016. The next phase will involve a site visit from the PHAB team.

The bureau continues to lead work across the department to improve compliance and oversight of subrecipients receiving federal funding. The Subrecipient Workgroup consists of staff from all bureaus in the Division of Public Health that hold subgrants, as well as leadership from the department's Contracts and Procurement Unit, Internal Audits and Investigations, and Financial Services. This group instituted a new risk assessment process as required by federal regulations and is working on a new, detailed policy around subrecipient monitoring requirements.

Suicide Prevention Program: In SFY2016, the Joint Finance and Appropriations Committee appropriated approximately \$970,000 in ongoing general funds and four full-time positions to the Division of Public Health to establish the Suicide Prevention Program. This program will begin a comprehensive approach to suicide prevention by undertaking implementation strategies developed in support of the Idaho Suicide Prevention Plan. This approach begins with a public awareness campaign, supporting the Idaho Suicide Prevention Hotline and supporting youth training in resilience and well-being.

Bureau of Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through subgrants with local public health districts and contracts with community-based organizations. Programs include HIV, STD and Hepatitis; Maternal and Child Health; and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

HIV, STD and Hepatitis Programs

HIV, STD and Hepatitis Programs (HSHP) is made up of four separate programs that manage and monitor HIV prevention, HIV care, STD prevention, and prevention services related to viral hepatitis in Idaho.

HSHP works closely with local public health districts and community-based organizations to ensure prevention and care services are available to target populations.

The primary HIV prevention services provided through HSHP include HIV testing, counseling, and referral; condom distribution; and HIV disease investigation services for newly infected people and their partners. HSHP also manages services for those infected with HIV, including medical case management services and support services to enhance access to and retention in HIV medical care and treatment.

STD prevention related services through HSHP are mainly offered through partnerships with local public health districts. Services include STD testing and treatment; STD education and outreach; and STD disease

investigation services for newly infected people and their partners. HSHP also coordinates Hepatitis C rapid testing throughout the state in drug treatment and community-based organization settings.

HSHP monitors HIV and STD trends throughout the state and deploys resources to partners so targeted interventions can be implemented to combat the spread of disease. Data from 2015 indicates that the rate of chlamydia in Idaho has increased compared to the previous year. The rate of gonorrhea in Idaho has more than doubled since 2013. Syphilis rates have remained increased to outbreak levels in districts three and four.

Rate of Sexually Transmitted Diseases			
CY	Chlamydia	Gonorrhea	Syphilis
2015	340.2	28.5	4.9
2014	333.1	27.1	2.8
2013	336.5	13.1	2.7
2012	285.1	10.5	3.3

Note: Rates per 100,000 of population. For HIV/AIDS data, please see Bloodborne Diseases on pages 94-95.

Women, Infants and Children (WIC) Program

WIC offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. The program is entirely federally funded. It provides an average of \$52 per participant each month in grocery vouchers for prescribed healthy foods based on a nutrition assessment. The program also provides counseling in nutrition and breastfeeding to more than 79,000 participants annually. WIC services are delivered through the seven Idaho public health districts, Benewah Health and Nimiipuu Health.

Clients Served Monthly and Average Monthly Voucher Value					
Year	Feb.-July 2012	SFY2013	SFY2014	SFY2015	SFY2016
Clients Served	43,858	43,887	41,616	40,951	39,473
Average Voucher	\$50	\$53	\$53	\$58	\$52

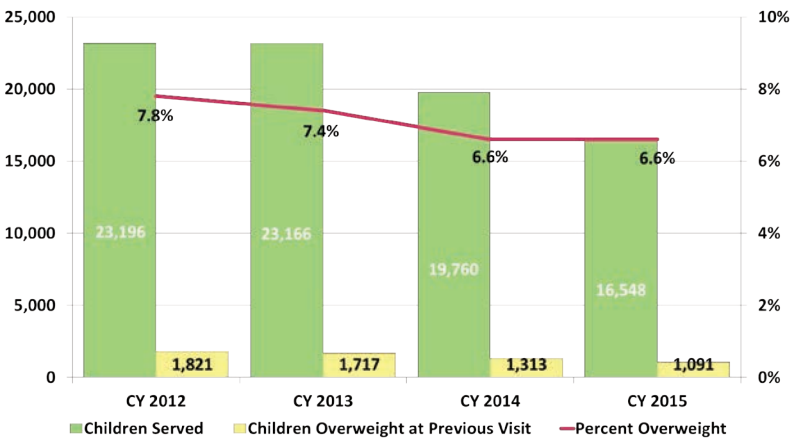
**Note: WIC Program began new tracking system in 2012; average monthly data are based on six months (Feb-July 2012).*

The vouchers WIC provides to parents and caretakers can be used to purchase specific foods based on a child's or pregnant woman's nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit TV viewing, increase play and activity, limit juice intake, and avoid soda.

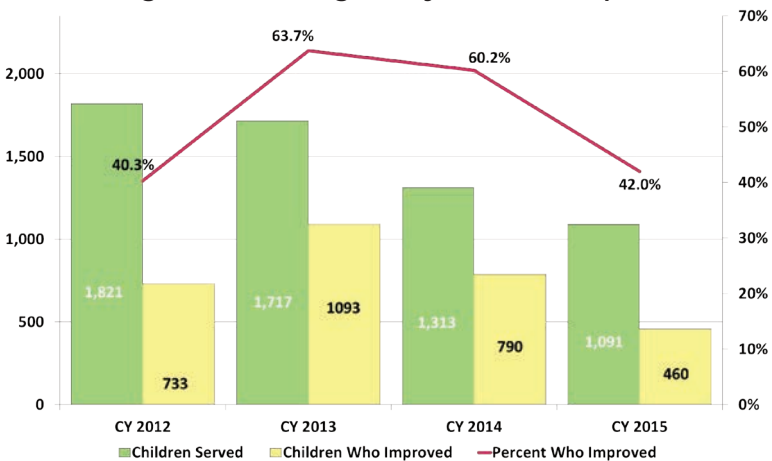
Participants typically attend nutrition education sessions four times each year. In addition to clinical assessments related to nutritional status, children are weighed and measured at each visit to obtain their Body Mass Index (BMI).

WIC provides early intervention through nutritional counseling to caretakers of nearly half of all infants (up to 12 months of age) born in Idaho. In 2015, the program served 16,548 children ages 2 to 5 years. Of those children, 1,091 were identified as overweight based on their BMI. Through WIC nutritional counseling, 460 children (42%) improved their weight status by at least 1 percentile on the Centers for Disease Control and Prevention's BMI for Age Chart at their next WIC visit. For more information, please visit www.WIC.dhw.idaho.gov.

Children Served and Those Overweight, Ages 2-5



Overweight Children (age 2-5 years) with Improved Status



Maternal and Child Health (MCH) Programs

Family Planning, Adolescent Pregnancy Prevention, Newborn Screening, Home Visiting and Children's Special Health programs are under the MCH Program umbrella.

The Family Planning Program administers funding to five of the seven local public health districts that provide comprehensive family planning services for Idahoans at 33 clinic sites, including services at juvenile detention centers.

During CY2015, the Family Planning Program served 12,794 clients in 20,337 visits. 10.3 percent of those clients (1,319) were 15-17 years old and both female and male. In CY2015, 81.9 percent of participants had household incomes of 150% or less of the federal poverty level.

Idaho's teen pregnancy rate is 10.6 pregnancies per 1,000 females ages 15-17, well below the Healthy People 2020 goal of no more than 36 pregnancies per 1,000 females, and also below the average national rate of 22.0 for the same group. Idaho's teen pregnancy rate is nearly 50% lower than it was 10 years ago, when the rate was 20.8.

Idaho Teen Pregnancy Number and Rate, Females Ages 15-17 Years

CY	Number	Rate per 1,000 Females
2015	374	10.6
2014	369	10.7
2013	375	11.1
2012	496	14.8

Note: Idaho teen pregnancy numbers and rates are based on live births, induced abortions, and reportable stillbirths (only those fetal deaths with a gestational period of 20+ weeks or that weigh 350+ grams are required to be reportable by law). The U.S. teen pregnancy rate includes live births, induced abortions, and all fetal deaths. Because fetal deaths are an extremely small proportion of teen pregnancy outcomes for Idaho (less than 1%) and are a sizable proportion of teen pregnancy outcomes for the U.S. (estimated 18 percent), Idaho and U.S. rates are not comparable

The Newborn Screening Program works with hospitals, birthing centers, and other healthcare providers to ensure that all babies born in Idaho are screened for more than 47 harmful or potentially fatal conditions, including phenylketonuria (PKU), cystic fibrosis, galactosemia, and congenital hypothyroidism. Beginning on January 1, 2016, Idaho added Severe Combined Immunodeficiency (SCID) to the newborn screening panel.

Newborn screening provides an opportunity for diagnosis and treatment through early detection. Timely treatment allows for normal growth and development and a reduction in infant morbidity and mortality. Most

infants with conditions identified through screening show no obvious signs of disease immediately after birth. It is only with time that the conditions that could affect the infant's health and development become more obvious.

In Idaho, two newborn screens are conducted, one within 24 to 48 hours of birth and another when the infant is between 10 and 14 days old. Some conditions are detected on the first screen and others on the second screen. For each screen, a small amount of blood is collected from the baby's heel and placed on special filter paper. The filter paper is sent to a regional laboratory for testing. The Newborn Screening Program coordinates with the laboratory and a baby's healthcare provider when a screening is positive to ensure timely diagnosis and treatment.

The Newborn Screening Program has been screening Idaho babies since 1963. New technology allows screening for a large number of conditions from a small amount of blood. While each of the screened conditions is rare, collectively they affect about 1 in 1,000 infants. On average, there are 20 to 30 diagnosed conditions each year in Idaho.

For more information, please visit www.NBS.dhw.idaho.gov.

Number of Babies Screened, Presumptive Positives, and Diagnosed Conditions by Year			
Year	Babies Screened	Presumptive Positives	Diagnosed Conditions
CY2015	22,276	1,063	27
CY2014	22,263	989	20
CY2013	21,769	1,067	19
CY2012	22,185	875	19
CY2011	21,706	614	19

**Data are based on babies receiving first newborn screen.*

Number of Diagnosed Conditions by Type and Year				
Condition	CY2012	CY2013	CY2014	CY2015
Phenylketonuria	0	1	0	1
Congenital Hypothyroidism	7	6	6	8
Galactosemia	0	1	1	0
Cystic Fibrosis	4	4	7	8
Other	8	7	6	10

Bureau of Communicable Disease Prevention

The Bureau of Communicable Disease Prevention encompasses programs that monitor disease trends and epidemics, prevent the spread of communicable diseases, assist newly arrived refugees to receive health screenings, help safeguard Idaho's food supply, and prevent diseases through vaccinations.

Epidemiology

Epidemiology staff track trends in reportable diseases that impact Idahoans including whooping cough, salmonellosis, tuberculosis, and influenza. They offer consultation and direction to public health districts about the investigation and prevention of diseases; develop interventions to control outbreaks and prevent future infections; and deliver tuberculosis consultation and treatment services.

Disease surveillance capacity in Idaho is increasing with advances in the use of electronic reporting systems. The use of electronic systems significantly reduces the time it takes to receive and respond to reports of disease and then intervene. Today, more than 95% of reports from laboratories are handled electronically. Idaho's version of the Idaho National Electronic Disease Surveillance System has become almost fully integrated and is used for all reportable diseases except HIV. The program is developing the ability to receive case reports for reportable diseases electronically from clinical electronic health record systems and will have processes in place by mid-2017 to increase the ability to rapidly exchange reportable disease information and response to reports of disease to prevent further transmission.

Bloodborne Diseases

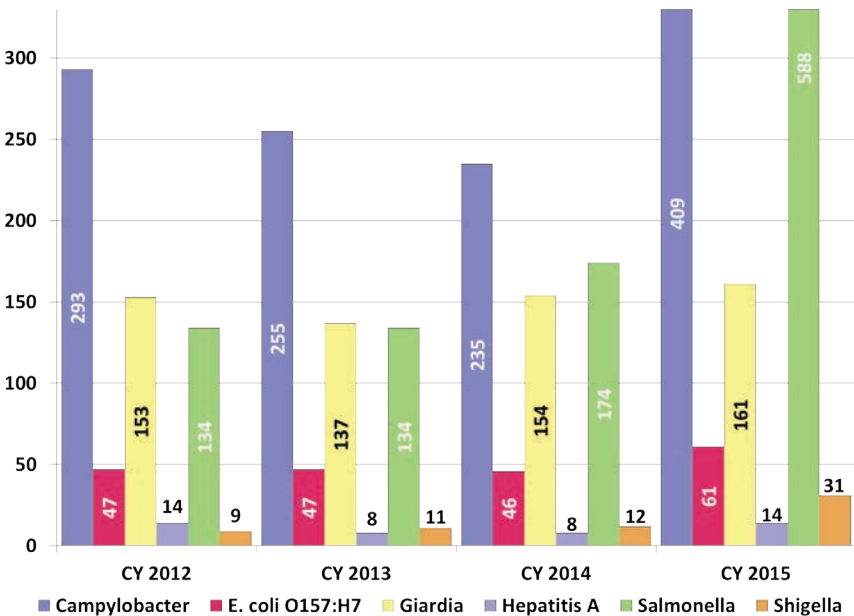
Bloodborne diseases, such as HIV and acute hepatitis B and C are usually transmitted through infected blood when people share contaminated needles, in transfusions, or in the exchange of bodily fluids during sexual contact. See chart on the next page.

	CY2012	CY2013	CY2014	CY2015
Bloodborne Diseases	59	64	43	60
New HIV/AIDS Reports	41	39	21	43
Idaho Residents Living with HIV/AIDS*	1,356	1,535	1,544	1,648
Acute Hepatitis B	6	12	11	13
Acute Hepatitis C	12	13	11	4

*HIV/AIDS presumed living in Idaho is defined as all reports of HIV or AIDS in Idaho, regardless of residence at diagnosis and not reported as deceased.

Enteric Diseases (Diseases of the Intestine)

Enteric diseases affect the gastrointestinal system and are transmitted primarily through contaminated food and water, or hand-to-mouth because of inadequate handwashing after bathroom use.



Food Protection

The Food Protection Program works to protect the public from illnesses associated with the consumption of food. The program provides oversight, training, and guidance to environmental health specialists at local public health districts in Idaho. It also updates rules regulating food safety.

Idaho's public health districts inspect food facilities, conduct investigations of complaints, and provide education to food establishments to prevent foodborne outbreaks. Epidemiologists at the state and public health districts work closely with the Food Protection Program and environmental health specialists at the public health districts to investigate suspected and confirmed foodborne illnesses at licensed food establishments and other sources, taking steps to reduce disease and prevent outbreaks.

	SFY2013	SFY2014	SFY2015*	SFY2016*
Foodborne Outbreaks	5	7	13	16
Licensed Food Establishments	1	3	5	4
Other Sources/Venues	4	4	8	12
People Ill	33	60	348	81

** Data are provisional. Only confirmed and probable outbreaks and cases are counted.*

Refugee Health Screening Program

The Refugee Health Screening Program's primary responsibility is to ensure that refugees receive a complete health screening and necessary follow-up care when they arrive in Idaho.

Program goals include:

- Ensure follow-up with medical issues identified from an overseas Medical screening.
- Ensure early identification and management of refugees infected with or at risk for communicable diseases of potential public health importance.
- Identify and refer refugees for evaluation of health conditions that may adversely impact effective resettlement and quality of life.
- Introduce refugees to the Idaho healthcare system.

The Refugee Health Screening Program also works with other staff with expertise in tuberculosis, immunizations, infectious diseases and epidemiology. The program also engages partners such as the Idaho Division of Welfare and the Idaho Office for Refugees to ensure newly arrived refugees are provided the resources and assistance necessary to become integrated and contributing members of Idaho communities.

Immunization Program

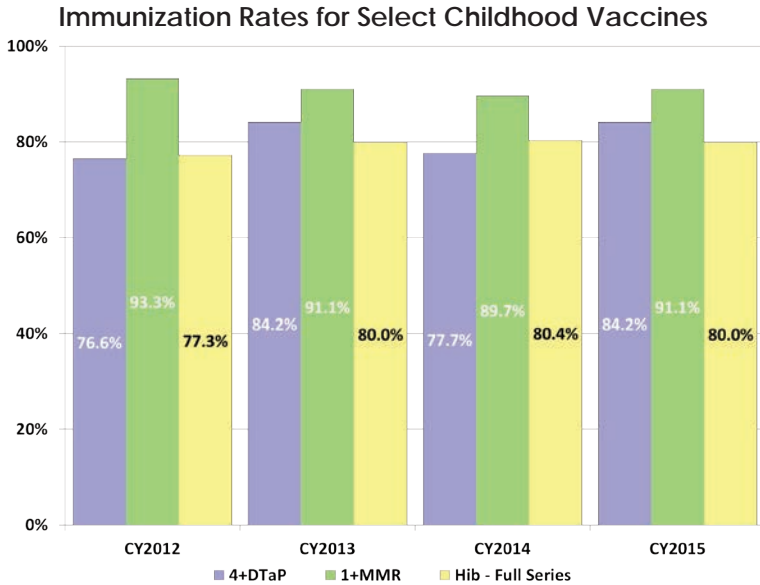
The Idaho Immunization Program (IIP) strives to increase immunization rates and awareness of vaccine-preventable childhood diseases. IIP provides educational resources to the general public and healthcare providers. It also oversees the federally funded Vaccines For Children (VFC) program in Idaho, which provides vaccines for children who meet at least one of these criteria: 1) Medicaid eligible; 2) uninsured; 3) underinsured; or 4) American Indian or Alaskan Native.

Using federal and state funds, IIP distributes vaccines to private and public healthcare providers for free for all Idaho children from birth through age 18. Healthcare providers can charge a fee for administering a state-supplied vaccine, but they cannot charge for the vaccine itself. This ensures that all Idaho children have access to recommended vaccines, regardless of their ability to pay.

The IIP also conducts quality assurance site visits with enrolled VFC providers. Site visits are important opportunities to provide information on vaccine efficacy as well as updates about state and national immunization trends, disease outbreaks, new vaccines, and recommendations by the national Advisory Committee on Immunization Practices (ACIP).

IIP works with schools and licensed childcare providers to increase the number of children who receive all ACIP-recommended immunizations. School and childcare outreach activities include educational opportunities and technical assistance for school nurses and facility staff. IIP staff provides training and assistance to increase the knowledge of school nurses and staff about the immunization schedule, school or childcare immunization rules, and protocols for vaccine-preventable disease outbreaks among children in the facility. For the 2015 to 2016 school year, 85.8 percent of children enrolled as kindergartners in Idaho schools were in compliance with the standards set in Idaho Administrative Rules.

Number of Childhood Vaccine Preventable Diseases				
Disease	CY 2012	CY 2013	CY 2014	CY 2015
Haemophilus influenzae b (Hib, invasive)	0	0	0	1
Measles	0	0	0	0
Mumps	0	0	26	8
Pertussis (whooping cough)	235	237	367	194
Rubella	0	0	0	0
Total	235	237	393	203



Immunization Reminder Information System (IRIS)

IRIS is a web-based immunization information system operating since 1999 that allows healthcare providers, schools, and childcare facilities to access vaccine records for people of all ages who live in Idaho.

IRIS was an "opt-in" registry until 2010, meaning people had to provide consent before their records could be stored in IRIS. Beginning in July 2010, Idaho's registry became "opt-out." This means all babies born in Idaho are entered into IRIS via their electronic birth certificates. IRIS remains a voluntary registry because parents and/or legal guardians can have their children's records removed at any time, if desired.

The IRIS database was migrated to a new code platform in 2012 and is now based on the open-source Wisconsin Immunization Registry (WIR). Versions of the nationally recognized WIR system are deployed in more than 20 states.

Idahoans Enrolled in Registry				
	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ages 0-35 months	73,973	81,504	79,096	79,599
Ages 3-5 years	89,969	88,266	85,949	84,967
Ages 6-18 years	353,664	374,247	392,079	407,195
Ages > 18 years	670,659	747,163	845,722	940,347
Total	1,188,265	1,291,174	1,402,846	1,512,108

Vaccine Distribution

The IIP provides vaccines for children eligible through the Vaccines for Children (VFC) Program, sponsored by the federal Centers for Disease Control and Prevention (CDC). The IIP also purchases additional vaccines for all other Idaho children. For each of the last three years, the program distributed more than 710,000 vaccine doses statewide to about 340 providers, including local public health districts, hospitals, clinics, and private physicians.

Vaccine Adverse Event Reporting System (VAERS)

In SFY2016, Idaho submitted 15 reports to the Vaccine Adverse Events Reporting System. Reports contain possible adverse reactions to vaccines, as reported by physician offices and public health districts.

This vaccine reporting system evaluates each report to monitor trends in adverse reactions for any given vaccine. The majority of adverse reactions are mild and vary from pain and swelling around the vaccination site to fever and muscle aches. Serious adverse reactions to vaccines rarely occur.

Number of Adverse Reactions and Rate per 10,000 Vaccinations

	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2016	15	1,075,786	0.1
SFY 2015	10	897,605	0.1
SFY 2014	18	951,841	0.1
SFY 2013	13	818,965	0.2

Healthcare-Associated Infections Prevention Program

Healthcare-associated infections (HAIs) are infections that develop during or soon after medical treatment for a separate medical condition. HAIs can result from patients' own bacteria; be associated with surgery or invasive medical devices; or be due to exposure to bacteria, viruses, fungi, or spores transmitted from contaminated healthcare workers' hands, environmental surfaces, or medical equipment. Bacteria found in healthcare settings are often resistant to commonly prescribed antibiotics, making HAIs more difficult to treat.

HAIs are the most common complication of hospital care. It is estimated that in the United States there are 722,000 infections and 75,000 deaths attributable to HAIs every year. HAIs result in an estimated \$30 billion in excess healthcare costs nationally each year.

Idaho's HAI Prevention Program is actively engaged in reducing HAIs by working with Idaho healthcare facilities to provide infection prevention education and training, performing site visits to hospitals with high infection rates, convening prevention collaboratives, and providing resources to track HAIs and prevent outbreaks,

Idaho Bureau of Laboratories

The primary role of the Idaho Bureau of Laboratories (IBL) is to provide laboratory services to support the programs in DHW, the public health districts, other state agencies, and the residents of Idaho. The bureau offers a broad range of services in four areas:

1. Testing

- Communicable disease agents in clinical specimens: enteric, respiratory, vaccine preventable, zoonotic, sexually transmitted, and emerging infectious diseases.
- Contaminants in drinking and environmental water, food, and soil samples: Acute and chronic contaminants regulated by the Safe Drinking and Clean Water Acts.
- Biological and chemical threats: Agents of biological or chemical terrorism.

2. Inspection

- Clinical and drinking water laboratories.
- X-ray and mammography units.
- Air quality monitoring stations.

3. Training

- Technical consultation and work force development.
- Continuing education seminars and telelectures.
- Presentations at local, regional, and national conferences, meetings, workshops and universities.

4. Outreach

- Maintenance of a public-private Sentinel Laboratory Network.
- Development and validation of new analytical methods.
- Publication and presentation of applied public health research.

The bureau is certified by the Environmental Protection Agency for drinking water analysis and serves as the Principal State Laboratory for the Idaho Department of Environmental Quality's Drinking Water Program. IBL also is certified as a high-complexity clinical laboratory by the Centers for Medicare and Medicaid Services. The bureau is the only Laboratory Response Network (LRN) reference laboratory for biological and chemical threat agents in Idaho.

Examples of services the lab performs include tests for:

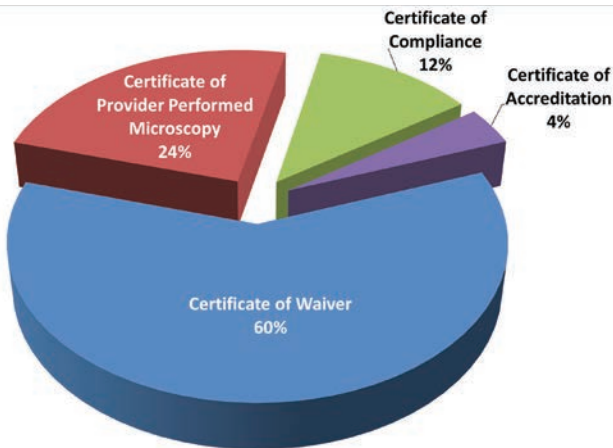
- Threat agents such as Ebola, plague, anthrax, smallpox, nerve gas, ricin, and toxic metals.
- Foodborne diseases such as *Salmonella*, *E. coli* O157:H7, and norovirus.
- Vaccine-preventable diseases such as pertussis, measles, mumps, and chicken pox.
- Respiratory diseases such as tuberculosis, influenza, Middle Eastern Respiratory Syndrome Corona Virus, and hantavirus.
- Animal-associated diseases such as rabies and West Nile virus.
- Environmental tests for air pollutants such as ozone or particulate matter.
- Mercury in fish.

The bureau also tests public drinking water for total coliforms, *E. coli*, and regulated chemicals including pesticides, nitrates, arsenic and lead.

The bureau's clinical laboratory inspector, certification officers, and radiation physicists conduct on-site evaluations and records review to support the certification of clinical and drinking water laboratories and licensure of X-ray instruments in Idaho.

The bureau registers Idaho clinical laboratories by laboratory certificate type. In 2016, there were 1,408 registered clinical laboratories in Idaho. The graph below shows the distribution of Idaho laboratories by certificate type. The certificate designation for each lab indicates the complexities of the testing they are qualified to do. For example, 60% of registered Idaho labs performed only simple waived testing and hold a Certificate of Waiver (COW).

SFY2016 Registered Clinical Laboratories by Certificate Type



The Clinical Lab Inspector surveys all Certificate of Compliance (COC) laboratories in Idaho every two years on behalf of the Centers for Medicare and Medicaid Services. The COW and PPM labs do not require surveys, and the COA labs are surveyed by the accreditation agency.

For more information about the Idaho Bureau of Laboratories please visit: www.statelab.idaho.gov.

Bureau of Community and Environmental Health

The Bureau of Community and Environmental Health promotes and protects the health of Idahoans by providing:

- Strategies to reduce risk behaviors and prevent injuries
- Programs to prevent and control chronic diseases
- Policies and strategies to prevent and reduce exposure to contaminants
- Leadership, education and outreach programs

The bureau is made up of the following programs:

- Tobacco Prevention and Control – Project Filter
- Breast and Cervical Cancer – Women’s Health Check
- Comprehensive Cancer Control
- Physical Activity and Nutrition
- Fit and Fall Prevention
- Oral Health
- Diabetes Prevention and Control
- Heart Disease and Stroke Prevention
- Sexual Violence Prevention
- Environmental Health - Indoor Environment, Environmental Health Education and Assessment
- Toxicology

Tobacco Prevention and Control

The Tobacco Prevention and Control Program works to create a state free from tobacco-related death and disease. Called “Project Filter,” the program addresses tobacco use and secondhand smoke exposure by promoting healthy behaviors. The program fosters statewide coordination for successful tobacco control with these program goals:

- Prevent initiation of tobacco use among youth.
- Promote tobacco cessation among users.
- Eliminate exposure to secondhand smoke.
- Identify and eliminate tobacco-related disparities.

Idaho is 12th best in the nation for its low percentage of adults who smoked in 2014, which was 15.9 percent. The national rate of adults who smoked was 16.8 percent.

The Idaho State Department of Education conducts a survey of high school students every other year that collects data on smoking prevalence among adolescents. The most recent survey, from 2015, shows 9.7 percent of Idaho high school students smoked one or more cigarettes in the 30 days before the survey, which is down from 12.2 percent in 2013.

Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (IPAN) promotes a culture of health and vigor by encouraging and enabling all Idahoans to be physically active and make healthy food choices. IPAN promotes these ideals by enhancing education and awareness, supporting successful community programs and practices, and encouraging community designs and public policies that take residents health into account.

According to The State of Obesity: Better Policies for a Healthier America 2014 report, Idaho ranked 29th nationally for obesity. The adult obesity rate in Idaho is 28.9 percent, with obesity defined as having a Body Mass Index (BMI) of 30 or higher. In 2015, Idaho high school students had an obesity rate of 11 percent, ranking Idaho 39th nationally. Obesity rates among low income children ages 2 to 4 in Idaho declined from 12.3 percent in 2008 to 11.5 percent in 2011, a statistically significant decrease.

IPAN continues to work on combating the obesity epidemic through initiatives that facilitate physical activity and healthy eating. In 2013, 82.8 percent of Idaho adults reported not having consumed the recommended five servings of fruits and vegetables per day. In 2014, 18.7 percent of Idaho adults reported not participating in any physical activity over the past month. For Idaho youths, only 11.3 percent of high school students consumed vegetables three or more times during the past week. For activity, just over half (53.1%) of Idaho's high school students reported being active for at least 60 minutes on five or more days over the past week.

Fit and Fall Proof™

The Idaho Physical Activity and Nutrition Program (IPAN) partners with local public health districts to implement a fall prevention exercise program for older adults called Fit and Fall Proof™ (FFP). The program focuses on improving balance, strength, flexibility, and mobility to reduce the risk of falling, as well as increasing participants' emotional and social well-being.

From 2005 – 2014, Idaho's age-adjusted death rate increased by 81.1% and has been statistically significantly higher than the national rate since 2011. From 2013 – 2015, 87% of all unintentional deaths by falls were among people ages 65 and older. In 2014, Idaho Emergency Medical Services responded to over 7,700 fall-related calls for individuals 65 and older. More than 60% of those who fell were age 80 or older. 81% of those who fell were transported to a hospital; with more females (65%) than males being transported. Estimated costs associated with fall-related calls in Idaho are as high as \$35 million.

Participation in FFP classes continues to expand with more than 105 sites offering the class to seniors. During 2014-2015, there were more than 8,300 visits to FFP classes; an 8.5% increase over the 2013-2014 class year. The majority of FFP participants (35%) are from communities with a population of less than 10,000 residents; demonstrating the importance of the program to our rural populations. Classes are offered at places where seniors gather, such as churches, libraries, senior centers, and community rec centers. Public health districts promote the program in a variety of ways including presentations to community groups and stakeholders to generate interest and awareness of the program, recruit new volunteer leaders, and increase the number of participants. In addition, connections with physicians and physical therapists are being made in Lewiston, Boise, and Idaho Falls to help establish a system of referrals to the program and increase clinicians' knowledge of the benefits of the community-based program.

Studies have shown that FFP has a positive impact on maintaining balance, preventing falls, increasing energy, and improving social connectedness. Participants comment that "the people, the laughter, and the friendship [they] share" is a great benefit of the program. As Idaho's aging population continues to increase, the need for effective community-based programs that promote "aging in place" also will rise. The FFP is currently working on its evidence-based status to further prove its effectiveness and importance for Idaho's senior population.

Injury Death Rate Because Of Accidental Falls

	<65 years	65+	Total
CY2015	1.8	62.8	10.8
CY2014	2.0	86.1	14.0
CY2013	1.9	74.8	12.0
CY2012	1.7	84.2	12.7

**Rate per 100,000 population in age group.*

Number of Deaths Because Of Accidental Falls

	<65	65+	Total
CY2015	26	153	179
CY2014	28	201	229
CY2013	27	167	194
CY2012	23	179	202

Idaho Comprehensive Cancer Control Program

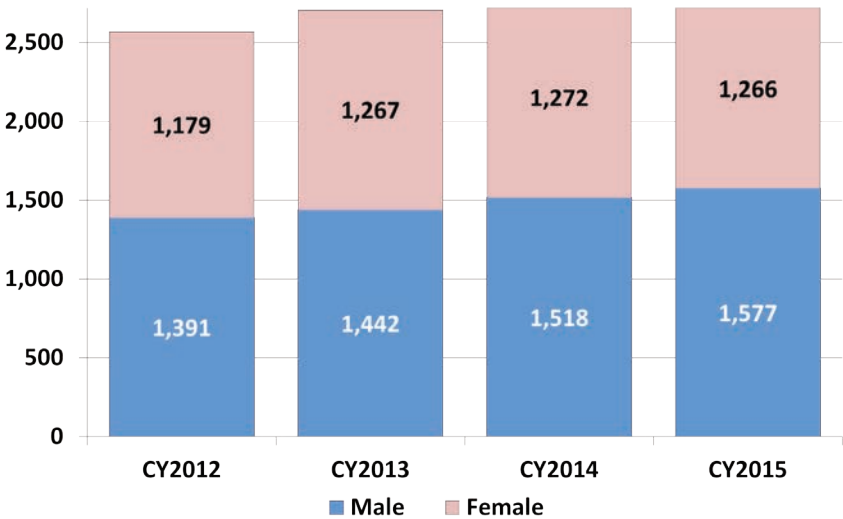
Cancer has been the leading cause of death in Idaho since 2008. It is estimated that 1 in 2 Idahoans will develop cancer during their lifetimes. Cancers that have good screening methods for early detection and that are highly treatable when detected early include: colorectal, breast and cervical cancers. Some of these can be prevented when abnormal cells are detected and removed before they become cancer.

Idaho has some of the lowest screening rates in the U.S. for these cancers, but the Comprehensive Cancer Control Program is working to change that. The goal of the cancer program is to maintain and expand a coordinated, effective comprehensive cancer control program that:

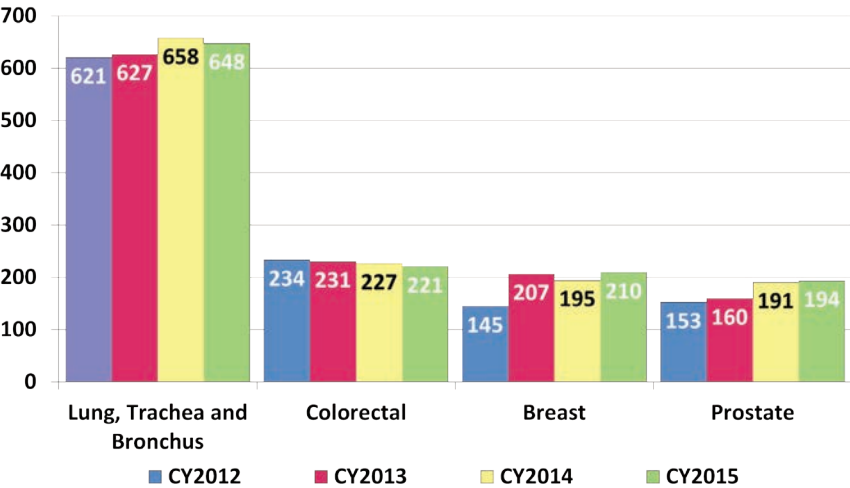
- Defines and raises awareness of the burden of cancer and cancer issues in Idaho.
- Develops new resources and networks with existing resources statewide.
- Implements evidence-based strategies to reduce the burden of cancer and improve the quality of life for people who have or are in recovery from cancer.
- Increases awareness of the importance of early detection and diagnosis, which leads to the improvement of cancer screening rates according to current science and recommendations.

In 2014, Idaho reported 2,790 cancer deaths, increasing from 2,709 in 2013. Cancer was the leading cause of death for both males and females in Idaho in 2014.

Idaho Cancer Deaths by Gender



Idaho Cancer Deaths by Primary Site of Malignancy



**Note: Colorectal cancer includes deaths caused by cancer of the colon and rectum; it does not include deaths caused by cancer of the anus. The numbers for breast cancer deaths include deaths for both men and women.*

Women's Health Check

Women's Health Check offers free breast and cervical cancer screening for low-income women. Historically, the program served women ages 50-64, but cervical cancer screening services are now available for women as young as 21 years old. Qualifying participants must have incomes below 200% of the federal poverty guidelines and must have no insurance coverage for breast and cervical cancer screening.

The program is funded through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, established as a result of the Breast and Cervical Cancer Mortality Prevention Act of 1990.

In 2001, the Idaho Legislature passed the Every Woman Matters law as a result of the Breast and Cervical Cancer Prevention and Treatment Act of 2000. This law links women to Medicaid coverage for treatment of breast or cervical cancer if they are diagnosed through Women's Health Check. Women who are not enrolled in Women's Health Check but are diagnosed with breast or cervical cancer do not qualify for coverage under this law.

There are over 150 providers across the state that provide screenings. Since 1997, the program has served over 30,000 women and funded over 30,000 Pap tests and over 47,000 mammograms.

Diabetes Prevention and Control

The Idaho Diabetes Prevention and Control Program (DPCP), funded by the Centers for Disease Control and Prevention, aims to address the following national goals:

- Improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes.
- Increase links between community and clinical organizations to support prevention, self-management and control of diabetes, high blood pressure, and obesity.

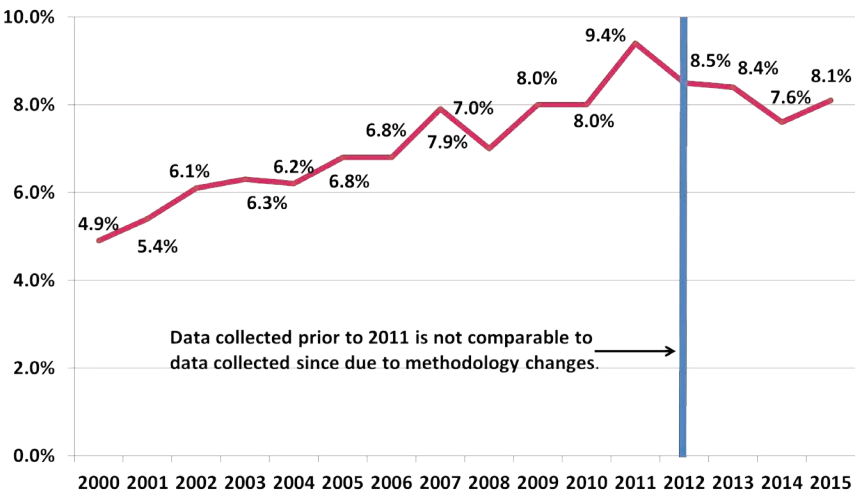
A statewide network of contractors, including local public health districts, health systems and other partners, works with the DPCP to conduct programs and projects, and are focused to:

- Improve the public's access to affordable, high-quality diabetes care and services, especially for people at high-risk.
- Educate the public and health professionals about how to prevent and manage diabetes.

- Develop programs and projects with partners that prevent diabetes and reduce the health complications related to the disease.
- Provide community level outreach linking people to evidence-based resources. Examples of resources include:
 - o *The National Diabetes Prevention Program*, a lifestyle change program proven to reduce the risk of developing type 2 diabetes by 58%.
 - o *Diabetes Self-Management Education Programs* designed to help people with diabetes achieve better metabolic control, improve lipid levels, reduce blood pressure, develop self-management skills and meet follow-up care guidelines.
 - o *Facilitate the statewide Diabetes Alliance of Idaho (DAI)*. The DAI is an independent, volunteer organization consisting of individuals and agencies dedicated to the prevention and reduction of the personal and public impact of diabetes in Idaho communities. The DAI includes representatives from the general public, local health departments, universities, insurance and pharmaceutical companies, and a variety of community-based, voluntary, health and professional organizations. Membership is open to individuals and organizations with an interest in diabetes prevention and care.

The prevalence of diabetes continues to increase nationally and in Idaho. The increase is driven by the rate of people who are overweight and obese, the aging population, and the number of minorities who are at high risk for developing diabetes.

Percent of Adults Who Have Been Diagnosed with Diabetes



Oral Health

In Idaho, oral health is a serious public health issue. Oral disease contributes to the impact and cost of overall healthcare and can contribute to cardiovascular disease, stroke, pre-term birth, poorly controlled diabetes, and other systemic conditions. The Idaho Oral Health Program (IOHP), funded by the Maternal and Child Health Block Grant, Centers for Disease Control and Prevention, and the DentaQuest Foundation, works with oral health champions and partners across the state to perform the essential public health functions:

- Assess and track dental disease rates.
- Create, support and evaluate evidence-based community disease prevention initiatives.
- Develop state oral health action plans to serve as a roadmap for improving oral health in Idaho.
- Facilitate active public/private partnerships to promote and support oral health.
- Reduce barriers to care and assure utilization of personal and population-based oral health services.
- Conduct and review research for new insights and innovative solutions to oral health problems.
- Assess public perceptions about oral health issues and educate/empower the public to achieve and maintain optimal oral health.
- Support a statewide oral health coalition, the Idaho Oral Health Alliance.

In addition to performing the essential public health functions, the IOHP provides funding to the local public health districts in the form of subgrants. Activities conducted by the public health districts include: (WIC, Head Start and Early Head Start fluoride varnish programs; school-based dental sealant clinics in schools with more than 35% participation in the Free and Reduced Lunch Program. Additional programs with local partners include Give Kids a Smile and the Healthy Me is Cavity Free collaborative led by the Idaho Oral Health Alliance. All of the programs delivered by the public health districts include the provision of oral health screenings and/or assessments, oral health education and dental home referral when necessary.

Key findings of the *The Burden of Oral Disease in Idaho 2014 Report* include:

- 62% of third-graders had some caries experience, primary or permanent teeth with decay or filled caries, or were missing permanent teeth because of dental decay. The Healthy People 2020 goal for children aged 6 to 9 is a rate of caries experience of 49% or less.
- Tooth loss because of dental caries or periodontal disease among adults 65-74 years of age increased from 15% to 16%.

- The proportion of oral and pharyngeal cancers detected at an early stage was far from optimal. The current measure for Idaho is 3%. The Healthy People 2020 goal is 36%
- 45% of Idaho adults did not have dental insurance in 2014.

Functions of the program include:

- Preventing early childhood caries with programs focused on dental sealants, fluoride varnish, and children's oral health education.
- Monitoring the burden of oral health in Idaho.
- Working with Women, Infants and Children (WIC), Head Start, the local public health districts, Medicaid, and dental insurance programs to deliver dental programs.
- Participating as a member of the Idaho Oral Health Alliance, the state coalition representing dentists, dental hygienists, organizations and others with a dental health focus.

Heart Disease and Stroke Prevention

The Idaho Heart Disease and Stroke Prevention Program (HDSP), funded by the Centers for Disease Control and Prevention, is working to address the following national goals:

- Improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes.
- Increase links between community and clinical organizations to support prevention, self-management and control of diabetes, high blood pressure, and obesity.

The HDSP works with a variety of partners across the state to address the goals. Partners include local public health districts, primary care healthcare systems, evidence-based community programs and other partners such as healthcare related associations and organizations.

Projects are focused on:

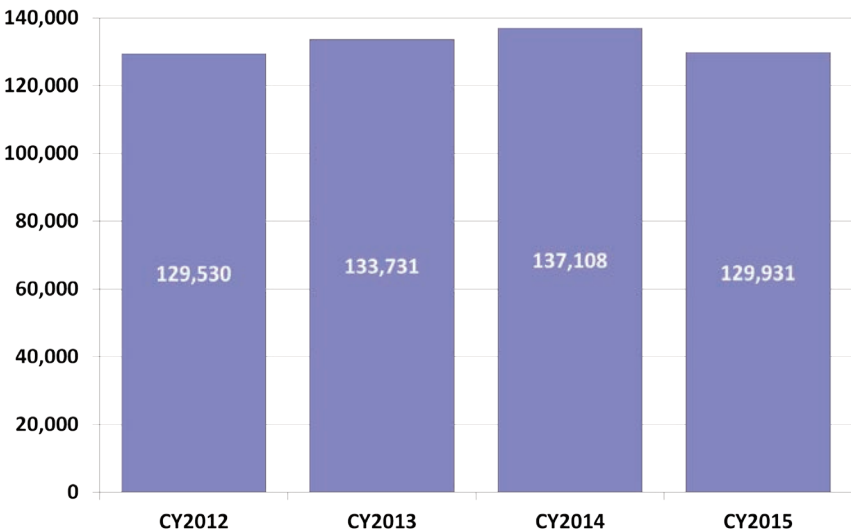
- Increasing reporting of blood pressure measures.
- Promoting awareness of high blood pressure among patients.
- Increasing implementation of quality improvement processes for high blood pressure prevention and control.
- Increasing the use of team-based care for patients with high blood pressure in primary care healthcare systems.
- Increasing the use of healthcare extenders to support self-management of high blood pressure.
- Increasing the use of evidence-based community programs related to preventing or managing high blood pressure.

Bureau of Vital Records and Health Statistics

The Bureau of Vital Records and Health Statistics is responsible for the registration, documentation, correction, and amendment of vital events that include birth, death, marriage, paternity actions, adoption, and divorce. The bureau provides biostatistical research and analysis of health trends that can be used to develop and shape future health interventions and programs. The bureau issues vital record certificates and produces numerous statistical reports and publications.

Information for obtaining an Idaho certificate is available at www.vitalrecords.dhw.idaho.gov. For statistical reports and publications, go to www.healthstatistics.dhw.idaho.gov.

Birth, Death, Marriage and Divorce Certificates Issued



Bureau of Rural Health and Primary Care

The Bureau of Rural Health and Primary Care administers programs to improve access to healthcare in rural and underserved areas of Idaho. To accomplish this, Rural Health collects data that identifies health professional shortages, provides technical assistance, administers grants, and promotes partnerships to improve rural healthcare.

Three types of Health Professional Shortage Areas (HPSA) are measured in Idaho: primary care, dental, and mental health. Medical doctors in a

primary care shortage area provide direct patient and outpatient care in one of the following primary care specialties: general or family practice, general internal medicine, pediatrics, obstetrics and gynecology. The bureau uses federal guidelines to establish Idaho's HPSA designations.

Idaho Geographic Area with Health Professional Shortage Area Designation

	CY2012	CY2013	CY2014	CY2015
Primary Care	96.7%	97.8%	96.4%	97.7%
Dental Care	95.7%	97.0%	97.0%	95.7%
Mental Health	100%	100%	100%	100%

The Rural Health Care Access Program (RHCAP) provides state grants to improve access to primary care and dental health services in designated shortage areas. RHCAP awards are determined by the Rural Healthcare Access and Physician Incentive Program Board.

RHCAP Grants for Primary Care and Dental Health Shortage Areas

	SFY2013	SFY2014	SFY2015	SFY2016
Grant Requests	\$595,926	\$599,824	\$516,265	\$419,727
Amount Awarded	\$183,300	\$183,300	\$184,200	\$180,200
Applicants	21	21	17	14
Awarded	11	10	8	7

Rural Physician Incentive Program

The Rural Physician Incentive Program (RPIP) is a medical education loan repayment program for qualifying physicians serving in federally-designated Health Professional Shortage Areas. Program funds are generated by fees assessed to medical students participating in state-supported programs at the University of Washington and University of Utah. Beginning July 2015, physicians may receive up to \$100,000 over four years (\$25,000 per year) for medical education debt. In SFY2016, 17 applications were received and six new physician applicants were awarded RPIP grants. In total, 17 Idaho physicians received medical education loan repayment through this program in SFY2016.

State Loan Repayment Program

The State Loan Repayment Program (SLRP) provides loan repayment for clinicians serving designated Health Professional Shortage Areas. SLRP is the first multi-discipline, state-based loan repayment program for clinicians and physicians. The loan repayment is provided through a federal grant;

every award must be matched dollar-for-dollar with funds provided by the clinician's employer. Participating sites must implement a sliding-fee scale for low-income and uninsured patients. Loan repayment awards range from \$10,000-\$25,000 per year, depending on the discipline and matching contributions. Twenty-eight clinicians and physicians are currently receiving loan repayment through this new program.

For more information regarding the Bureau of Rural Health and Primary Care please visit: www.ruralhealth.dhw.idaho.gov.

Bureau of Emergency Medical Services and Preparedness

The Bureau of Emergency Medical Services and Preparedness supports the statewide system that responds to critical illness and injury situations. Services include:

- Licensing EMS personnel and EMS services.
- Operation of the statewide EMS Communications Center.
- Providing technical assistance and resources to EMS agencies.
- Supporting a statewide Time Sensitive Emergency system of care for trauma, stroke and heart attack.
- Planning and coordination of the public health response to acts of bioterrorism, infectious disease outbreaks, and other public health threats and emergencies.

EMS Program

The bureau licenses EMS agencies based on the agencies' capabilities and deployment plan. Once licensed, EMS agencies must renew their license every year. Part of the renewal process is a site visit from the bureau to make sure the agency is in compliance with licensure requirements. The annual site visits also give the bureau an opportunity to provide technical assistance and guidance.

The bureau licenses EMS personnel when minimum standards of proficiency are met. All personnel licensed in Idaho must be trained in courses that meet or exceed the national EMS education standards. To renew an EMS personnel license, a provider must meet continuing education requirements and provide documentation of demonstrated skill proficiency. Licenses are renewed every two or three years (depending on the level of license) in either March or September.

The EMS Bureau approves instructors to teach EMS courses, evaluates EMS courses, administers certification examinations, processes applications for initial licensure and license renewal, and conducts investigations

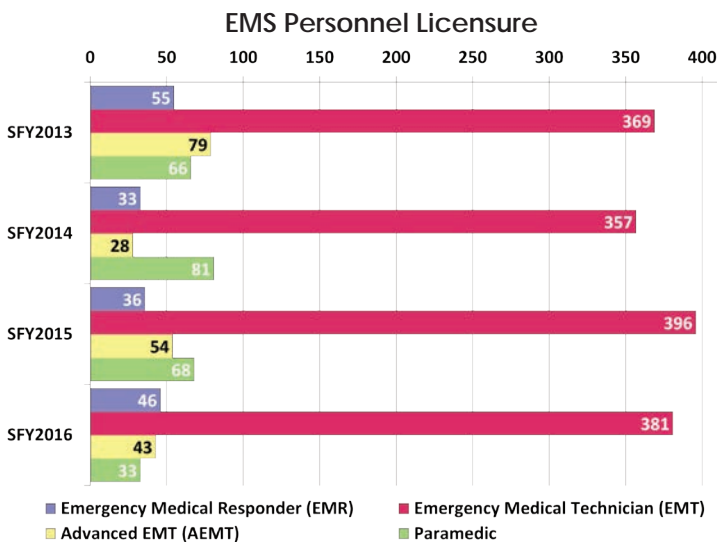
into allegations of misconduct by licensed EMS personnel, licensed EMS agencies or EMS educators. Personnel are licensed at one of four levels:

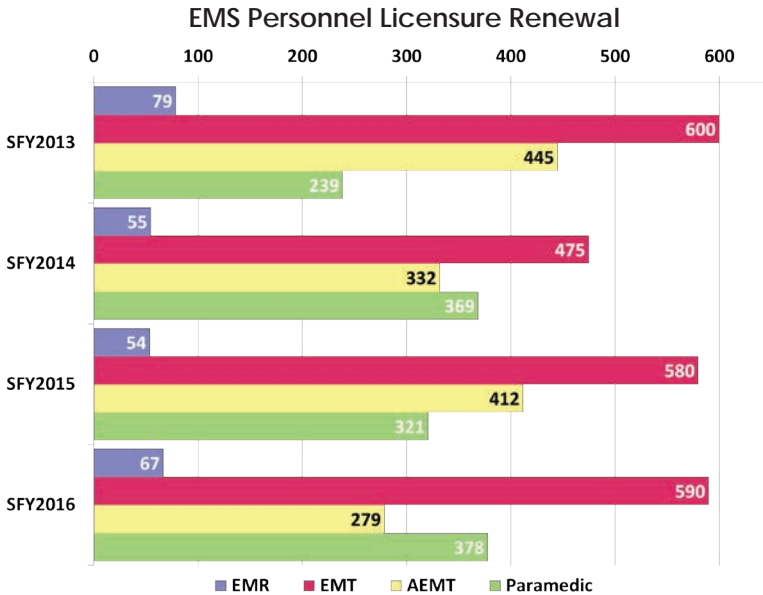
1. Emergency Medical Responder (EMR): The primary focus of the EMR is to initiate immediate lifesaving care to critical patients who access the emergency medical system. The EMR is trained and licensed to provide simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies.

2. Emergency Medical Technician (EMT): The EMT provides basic emergency medical care and transportation for critical and emergent patients. The EMT is licensed to provide basic non-invasive interventions focused on the management and transportation of out-of-hospital patients with acute medical and traumatic emergencies. A major difference between the EMR and the EMT is the knowledge and skills necessary to transport emergency patients.

3. Advanced EMT (AEMT): The AEMT provides basic and limited advanced emergency medical care for patients. The AEMT is licensed to provide basic and limited advanced interventions that are effective and can be performed safely in an out-of-hospital setting. The major difference between the AEMT and the EMT is the ability to perform limited advanced interventions for emergency patients.

4. Paramedic: The paramedic's primary focus is to provide advanced emergency medical care for critical patients. The paramedic is licensed to provide basic and advanced care, including invasive and pharmacological interventions. The major difference between the paramedic and the AEMT is the ability to perform a broader range of advanced skills and use of controlled substances.





EMS Dedicated Grant

The EMS Dedicated Grant program has operated since 2001, providing funds for EMS vehicles and patient-care equipment. Funds are collected from the purchase of Idaho drivers' licenses and renewal fees. Transport ambulances, and vehicles for non-transport quick response, search and rescue and extrication have been funded through this program. Patient-care equipment includes items that provide airway management, cardiac monitoring and defibrillation, communications, extrication, patient assessment, lifting and moving of patients, rescue, safety, spinal immobilization, fracture management and monitoring of vital signs.

EMS Dedicated Grants

	SFY2013	SFY2014	SFY2015	SFY2016
Grant Requests	\$3.1 M	\$2.5 M	\$3 M	\$2.8 M
Grants Awarded	\$1.3 M	\$1.3 M	\$1.3 M	\$1.4 M
Vehicle Requests	30	21	25	23
Patient Care Equipment				
Agencies Applying	52	52	48	49
Agencies Awarded	45	46	43	49

For more information on Idaho EMS, please visit: www.IdahoEMS.org.

Public Health Preparedness Program

The bureau's Preparedness Program is responsible for increasing health system capacities to respond to acts of bioterrorism, infectious disease outbreaks, and other public health threats and emergencies. It coordinates local, regional and statewide planning to:

- Support infectious disease surveillance and investigation.
- Improve Idaho's surge capacity to adequately care for large numbers of patients during a public health emergency.
- Expand public health laboratory and communication capacities.
- Develop pandemic response capabilities.
- Provide for the distribution of medications, vaccines, and personal protective equipment.

The program works with many stakeholders to develop effective plans, mutual aid agreements, training and exercises to provide coordinated and comprehensive all-hazards approaches to emergency health preparedness, response and recovery measures.

Time Sensitive Emergencies Program

The 2014 Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) System of Care that includes three of the top five causes of deaths in Idaho: trauma, stroke and heart attack. Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable deaths and improve the quality of life for the patient.

A TSE system of evidence-based care addresses public education and prevention, 911 access, response coordination, pre-hospital response, transport, hospital emergency/acute care, rehabilitation and quality improvement. The statewide TSE program will create a seamless transition between each level of care and integrate existing community resources to improve patient outcomes and reduce costs. It will get the patient to the right place in the right time with the right care.

The bureau's TSE Program provides leadership, administrative support and technical assistance to the statewide TSE system. The program designates healthcare facilities as trauma, stroke and/or heart attack TSE centers based on the facility's capabilities. There are five levels of trauma designation, three levels of stroke designation and two levels of heart attack designation.

Bureau of Public Health Business Operations

Public Health Business Operations functions as a collaborating body to connect the business of public health across all bureaus and programs in the division through strategic planning, performance management, and infrastructure building. Business Operations is the lead bureau in public health accreditation and also houses the Public Health Institutional Review Board. The Bureau includes four staff with expertise in cross-cutting areas.

The Health Data Analytics Program Manager is responsible for coordinating data efforts across the Division. In SFY 2016, work began to build a web-based data visualization tool to display the Division's Leading Health Indicators in a useful manner to partners and the public. This effort supports Get Healthy Idaho, Measuring and Improving Population Health and the Statewide Healthcare Innovation Plan.

The Federal Compliance Officer focuses on grant management and compliance as well as subrecipient compliance. Through the Subrecipient Workgroup, a new, online subrecipient risk assessment tool has been launched that all programs began using on July 1, 2016.

The Performance Improvement Manager focuses on quality improvement and performance management for the division. This position manages the Division's Quality Improvement and Performance Management Plan and supports division-wide quality projects. In SFY2016, three quality projects focused on addressing gaps identified through the accreditation process. Each of these projects were completed or will completed in early SFY2017, allowing the Division to stay on track with accreditation timelines and goals.

Finally, the Community Resource Coordinator is a critical link by coordinating communication across the Division. This position coordinates a division SharePoint User Group consisting of staff from all bureaus in the Division. This group focuses on improving the use and functionality of SharePoint for division and bureau business in a coordinated fashion. In SFY2016, the Community Resource Coordinator expanded the use of automated and centralized processes for accreditation, policy management, and federal compliance.

Suicide Prevention Program

Idaho and other northwest states historically have some of the highest suicide rates in the nation. From 2011 to 2015, 1,573 Idahoans completed suicide. In 2014, the latest year for comparable state data, Idaho had the ninth highest suicide rate, following Montana, Alaska, New Mexico, Wyoming, Colorado, Nevada, Vermont and Oregon. In 2014, Idaho's rate of 19.6 suicide deaths per 100,000 was 46.3% higher than the national rate of 13.4 per 100,000.

In 2015, 362 Idahoans completed suicide, which was a 13.1 percent increase from 320 suicides in 2014. Among Idaho's 10- to 44-year-olds, suicide was the second leading cause of death in 2015, with 188 suicide deaths in this age group.

From the 2014 Idaho Youth Risk Behavior Survey of high school students grades 9 - 12, 14% reported seriously considering attempting suicide and 4% reported making at least one suicide attempt. Between 2011 and 2015, 129 Idaho youth ages 19 and younger completed suicide.

Number of Completed Suicides by Age					
	10-14	15-19	20-64	65+	Total
CY2011	-	27	220	37	284
CY2012	5	23	229	42	299
CY2013*	3	21	227	57	308
CY2014	9	16	248	47	320
CY2015	7	18	283	54	362

Rate of Completed Suicides by Age (per 100,000 population)						
	10-14	15-19	20-64	65+	Total	Total
CY 2011	NA	23.3	24.2	18.3	17.9	284
CY2012	4.2	20.2	25.1	19.8	18.7	299
CY2013*	2.5	18.5	24.7	25.5	19.1	308
CY 014	7.3	13.9	26.8	20.1	19.6	320
CY2015	5.7	15.4	30.3	22.2	21.9	362

*CY2013: 10-14 includes one death <10 years of age.

Office of Healthcare Policy Initiatives

Cynthia York, Administrator, 334-5574

The Office of Healthcare Policy Initiatives was created Feb. 1, 2015, to manage a grant DHW received from the Center for Medicare and Medicaid Innovation (CMMI) for the implementation of Idaho's Statewide Healthcare Innovation Plan (SHIP). The Office of Healthcare Policy Initiatives is housed within the Director's Office.

SHIP was developed to redesign Idaho's healthcare system and improve the health of Idahoans by strengthening primary and preventive care through the Patient-Centered Medical Home (PCMH) model and evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes. The Office of Healthcare Policy Initiatives has eight employees for the implementation of this initiative and is funded with federal dollars only.

Highlights

Work on SHIP began in 2013 when Idaho stakeholders came together to study Idaho's current healthcare system and develop a plan for transformation. The six-month planning process involved hundreds of Idahoans from across the state working together to develop a new model of care. In early 2014 Gov. C.L. "Butch" Otter established the Idaho Healthcare Coalition (IHC), which serves as the advisory group for SHIP and has continued to build on earlier stakeholder work and momentum. IHC members include private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations, and community representatives.

The Department of Health and Welfare received the CMMI grant for \$39,683,813 in December 2014. The grant funds a four-year model test that began on Feb. 1, 2015, to implement SHIP. During the grant period, Idaho will demonstrate that the state's entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care and the broader medical-health neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other care services.

The SHIP operations team works with multiple contractors to support healthcare system transformation and the implementation of SHIP's goals. Contractors hired by DHW in 2015-2016 to perform technical assistance operations are:

- Mercer, LLC: Provides project management and financial analysis. A detailed Project Implementation Plan is prepared annually.

Additionally, a financial analysis with actuarial certification was prepared for the first year of the grant.

- Briljent, LLC: provides training and technical assistance to SHIP primary care clinics that are transforming to patient-centered medical homes and provides reports and data on transformation efforts.
- Idaho Health Data Exchange (IHDE), the health information exchange partner is responsible for establishing connections with the clinic EMRs and IHDE stores data in its clinical data warehouse. This will improve care coordination through increased sharing of patient information between providers.
- HealthTech Solutions, LLC (HTS)–is SHIP's data analytics contractor and is responsible for establishing a connection with IHDE and developing/providing clinical quality measure reporting. SHIP clinic users will be able to view the reports at the clinic level and drill down to specific patients. HTS also provides aggregate reports at the county, regional and statewide level.
- Contracts with the seven public health districts were executed to hire three SHIP staff per district to assist in the formation of the Regional Collaboratives (RCs), the medical-health neighborhoods, and PCMH transformation support.
- The contract for the State-level evaluation will be led by the University of Idaho (U of I). Their team is comprised of nine faculty members from two Idaho public universities (University of Idaho and Boise State University). The focus of the State-level evaluation will be primarily descriptive using a mixed method (qualitative and quantitative) approach.
- A number of smaller contracts were finalized to assist in planning and design related to the Virtual PCMH components for Community Health Workers (CHWs), Community Health Emergency Medical Services (CHEMS), and Telehealth as well as the launch of the Regional Collaboratives.

The second year of the grant started Feb. 1, 2016, and will go through Jan. 31, 2017. Fifty-five clinics were selected to participate in PCMH transformation during this year. A total of 165 clinics will participate in SHIP in four years.

Our PCMH transformation model recognizes the challenges that many primary care practices face in converting to a value-based healthcare environment. Support will be provided in multiple formats, including on-site training and coaching, virtual training and coaching, and a web-based quality improvement portal. All types of primary care practices are represented in the first cohort of clinics, ranging from rural single practitioner offices, to medium-sized practices, to large practice networks and federally qualified health centers.

The following milestones were also accomplished during 2015-2016:

- The IHC established eight workgroups and three advisory groups to assist in achieving Idaho's seven goals. The IHC and workgroup charges, roles, responsibilities, standards, and expectations were defined.
- A SHIP Communications Plan that maps internal and external communication was developed to meet stakeholders' needs for accurate and consistent messages and updates regarding the transformation. Six documents were developed for the Communications Toolkit which contain talking points for RCs, Policymakers, Medical-Health Neighborhood participants, PCMH Cohort One Clinics and future PCMH cohort clinics, patients and community members. All of these documents were presented and adopted by the IHC.
- The Idaho SHIP website, www.ship.idaho.gov, was launched and creates a meta-platform that serves to: 1) create unity out of diverse interests and 2) convey the range of solutions needed to achieve the Triple Aim.

SHIP's Goals

Idaho's plan identifies seven goals that together transform Idaho's healthcare system:

- **Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs):** Idaho is testing the effective integration of PCMHs into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state's healthcare system. The PCMH focuses on preventive care, keeping patients healthy and stabilizing patients with chronic conditions. Grant funding is used to provide training, technical assistance, and coaching to assist practices in this transformation.
- **Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood:** Idaho's plan includes significant investment to connect PCMHs to the Idaho Health Data Exchange (IHDE) and enhance care coordination through improved sharing of patient information between providers.
- **Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical-health neighborhood:** At the local level, Idaho's seven public health districts convened Regional Collaboratives that support provider practices as they transform to PCMHs.

- **Goal 4: Improve rural patient access to PCMHs by developing virtual**

PCMHs: This goal includes training CHWs and integrating telehealth services and CHEMS into rural and frontier practices. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically underserved communities.

- **Goal 5: Build a statewide data analytics system:** Grant funds also support the development of a statewide data analytics system to track, analyze, and report feedback to providers and regional collaborative(s). At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.

- **Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value:** Idaho's four largest commercial insurers, Blue Cross of Idaho, Regence Blue Shield, PacificSource and Select Health, along with Medicaid are participating in the model test. Payers have agreed to evolve their payment models from paying for volume of services to paying for improved health outcomes.

- **Goal 7: Reduce healthcare costs:** Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs will be reduced by \$89M over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care, and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197% over five years.

Idaho Telehealth Council

The Office of Healthcare Policy Initiatives also provides administrative support to the Idaho Telehealth Council. The 2014 Idaho Legislature passed House Concurrent Resolution 46, directing the Department of Health and Welfare to convene the Idaho Telehealth Council. The council developed the Idaho Telehealth Access Act (HB189), which was passed during the 2015 legislative session. The act establishes standard definitions, clarifies practice standards, and promotes continuity of care.

The council meets on an ad hoc basis to coordinate and develop recommendations relating to the standards, policies, rules, and procedures for the use of telehealth and telemedicine in Idaho.

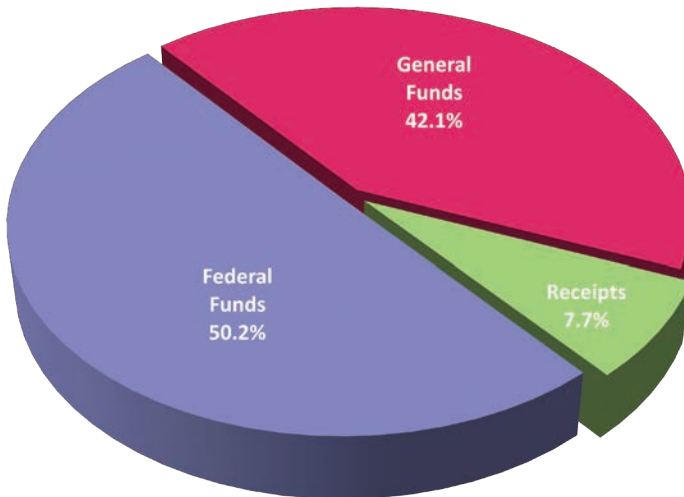
Indirect Support Services

Indirect Support Services provides the vision, management, and technical support for carrying out the department's mission. Indirect Support includes the Office of the Director, Legal Services, Financial Services, Operational Services, Information and Technology, Audits and Investigations, and Public Information and Communications.

The Office of the Director oversees the entire department, working with the Governor's office and the Idaho Legislature to effectively and economically provide policy direction for services and programs.

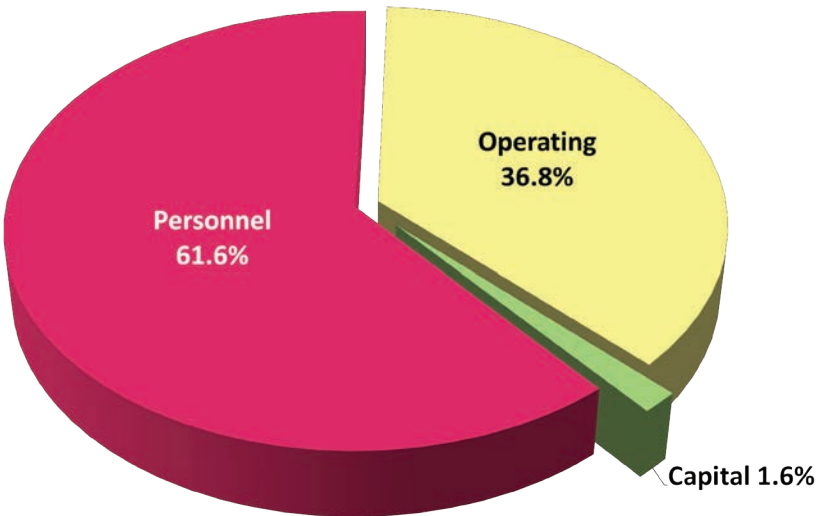
The staff of Legal Services, through the State Attorney General's office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Audits and Investigations conducts internal audits and external fraud investigations for department benefit programs. Operational Services provides the human resource services to manage the department's workforce of 2,845 employees throughout the state, oversees the department's facilities, and administers the contracting and legislative rule-writing for the agency.

Indirect Support SFY2017 Funding Sources

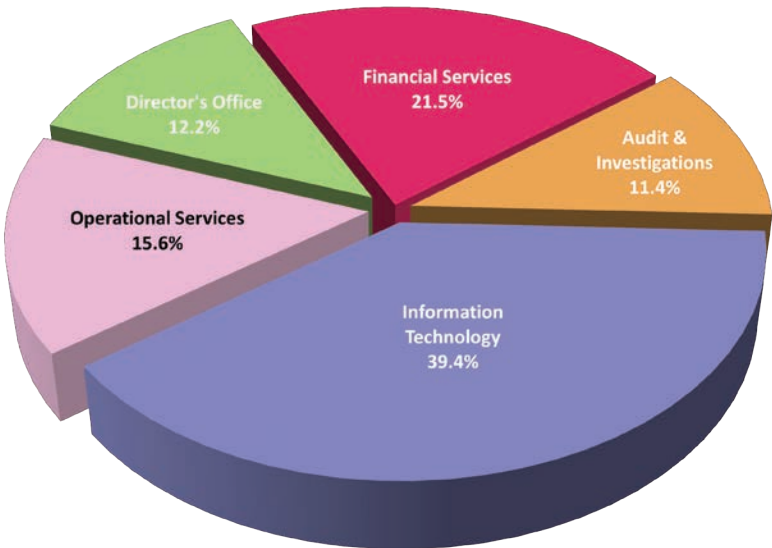


Authorized FTP: 289.6; Original SFY2017 Appropriation: General Funds \$16.5 million, Total Funds \$38.1 million; 1.5% of Health and Welfare funding.

Indirect Support SFY2017 Expenditure Categories



Indirect Support Spending



Office of the Director

Richard M. Armstrong, Director, 334-5500

The Director's Office sets policy and direction while providing the vision for improving department services and programs. The Director's Office sets the tone for customer service and ensures implementation of the DHW's Strategic Plan.

The office relies on the Executive Leadership Team to help formulate policy. The executive team is comprised of members of the Director's Office, division administrators, regional directors, and administrators of State Hospital South, State Hospital North, and Southwest Idaho Treatment Center. The Director's Office includes:

- The director.
- A deputy director responsible for Behavioral Health, Medicaid and Managed Care Services, Public Health, and Office of Healthcare Policy.
- A deputy director responsible for Family and Community Services, and Welfare.
- A deputy director responsible for Support Services, Information and Technology, and Licensing and Certification.

Support Services

David N. Taylor, Deputy Director, 334-5500

Support Services provides administrative services to support the department's programs and goals. It manages the department's budget, cash flow, and physical assets; oversees accounting and financial reporting; provides fraud investigation services; and processes all payroll actions. Through cooperation with other divisions, Support Services provides guidance and support to ensure resources are managed responsibly.

Bureau of Financial Services

Financial Services consists of Financial Management; Financial Policy, Reporting and Reconciliation; Financial Systems Support; Accounts Payable; Revenue Operations; Grant Reporting; Cash Management; Employee Services; and Electronic Benefits.

Financial Management

Financial Management responsibilities include, but are not limited to:

- Operating a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs.
- Managing four Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Child Welfare, Children's Mental Health, and Adult Mental Health.
- Preparing and submitting the department's annual budget request to the Division of Financial Management and Legislative Services Office.
- Distributing appropriated funding to more than 2,500 operating budgets within the department.
- Monitoring program expenditure trends to allocated funding.
- Preparing financial analysis and reporting for division and executive management.
- Monitoring established full-time equivalency positions.
- Researching and compiling historical expenditure and revenue information.

Financial Policy, Reporting & Reconciliation

Financial Policy, Reporting and Reconciliation (FPRR) is a critical oversight, monitoring and control function supporting agency financial operations. FPRR responsibilities include, but are not limited to:

- DHW Comprehensive Annual Financial Report (CAFR).
- Financial reconciliation activities.
- Financial policy.
- Report development and analysis.
- Training, documentation and communication strategies for financial operations.

Daily, monthly, quarterly and annual financial reconciliations are performed in this unit. It is also responsible for reports and maintenance of Financial Services' data warehouse, and provides support for interagency systems, such as the P-Card. The priority for this unit is the methodical, continuous evaluation and intervention in financial operations to maintain compliance with GAAP/GASB standards and ensure adherence to applicable rules, laws, regulations and best practices.

Financial Systems Support

This unit supports the automated accounting systems used by DHW. It provides system support including design, testing, troubleshooting, monitoring program systems, interfaces, and help desk support for related account-

ing functions. The unit supports these systems:

- **FISCAL:** Primary accounting system including major modules for cost allocation, cash management, budgetary control, and management reporting, as well as coordination and reconciliations with the state-wide STARS system.
- **BARS:** Primary accounts receivable, receipting, and collections system.
- **TRUST:** Client-level trust management and reporting system to account for funds held as fiduciary trustee.
- **Navision:** Front-end to DHW's budget, purchasing and vendor payment activities. Navision is also the primary fixed asset inventory and depreciation system of record.
- **Contraxx:** Electronic contract operation and management system.
- **Accounts Payable:** Routes child care payments, energy assistance payments, and job search payment systems and vendor registration.

Accounts Payable

This unit supports statewide DHW accounts payable activities, primarily through the Navision accounting system. This unit is responsible for:

- Vendor payments.
- Vendor edits.
- Warrant issues such as stop payments, forgery, cancellations and re-issue.
- Rotary fund payments.
- Interagency payments.
- Payables Help Desk phone support.
- Navision research assistance.
- Electronic Benefit Transfer (EBT) support.
- Invoice/payment audit.

Revenue Operations

This unit is responsible for department-wide billing, collection, recovery, and receipt posting activities. The Revenue Operations Unit pursues collection of outstanding debts, including DHW fee-for-service, third-party recovery, benefit overpayment, and any other monies receivable as negotiated through repayment agreements. Statewide billing and collection activities include, but are not limited to:

1. DHW's fee-for-service programs, including:

- Designated exams, Department of Correction's evaluations, court testimony billings.
- Medicaid's certified family home licensing fees.
- Criminal History Unit billing (including Adam Walsh background checks).

- Bureau of Laboratories and public health district services.
- Disability determination records requests.

2. Medical billing for services that are reimbursable through third-party insurers and/or Medicaid for:

- Developmental disabilities.
- Infant Toddler Program.
- Adult and children's mental health.

3. Overpayments, civil monetary penalties and miscellaneous recoveries include:

- Provider and individual fraud (Welfare and Medicaid).
- Foster care overpayments.
- Educational stipend defaults.

4. Interagency billings.

5. Receipting and posting for all centrally processed receipts.

Grant Reporting

This unit ensures compliance with federal funding requirements by:

- Tracking reporting requirements and completing expenditure reports for more than 100 federal grants that fund DHW programs. The largest of these federal grants is Medicaid, for which the SFY2016 award was \$1.31 billion.
- Managing the department's Medicaid School Based Services Program.

Cash Management

Cash Management ensures adequate cash is available for the department to meet its financial obligations, functioning as the financial liaison to human services programs by:

- Drawing federal funds from the U.S. Treasury to meet immediate cash needs of federally funded programs.
- Requesting state general and dedicated funds through the Office of the State Controller.

Employee Services

This unit handles all employee documents relating to insurance, compensation and payroll deductions, and provides consultation to field offices. It also:

- Operates the Payroll and Employee Information System (EIS) through the Idaho Paperless Online Payroll/Personnel System (IPOPS).
- Provides payroll and benefit support for regional, institutional, central office, and field personnel.
- Verifies online time entry for all staff to ensure accurate and timely employee compensation.

- Provides validation and entry of information for new hires, terminations, transfers, and payroll deductions such as health insurance and pension to ensure data integrity.
- Maintains and safeguards employee personnel records.

Electronic Benefit Transfer (EBT)

The Electronic Benefits Transfer unit is responsible for implementation, development, and daily operation of the Electronic Benefits Transfer (EBT), Direct Payment Card (DPC) and Electronic Payment Systems (EPS) activities. Although electronic payments associated with the Child Support program and cash assistance programs has stayed relatively static with slight increases over the past year, there has been a steady decrease in electronic benefit payments associated with Food Stamp benefits.

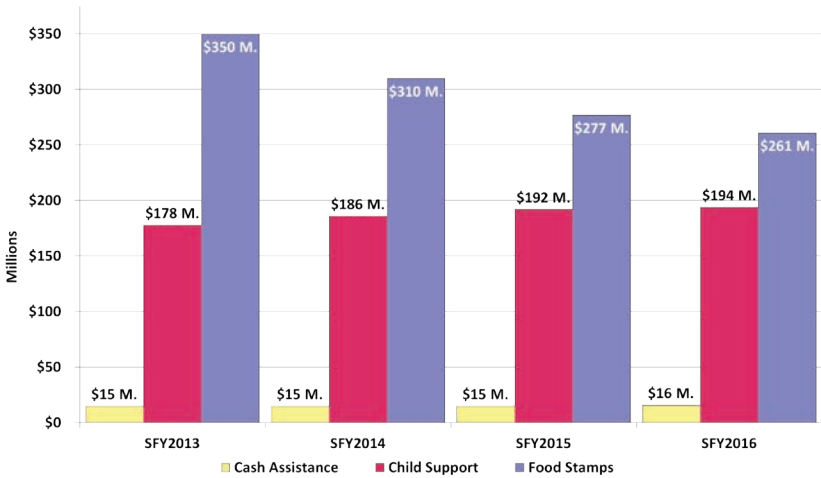
The Food Stamp benefit payments more than tripled during recession years, increasing from \$109 million in SFY 2008 to \$366 million in SFY 2012. The Agency continues to see a continuing decline in Food Stamp benefit payments each year. In SFY 2016 Food Stamps is down an additional 6% when compared to the previous year, and totaled \$261 million.

The EBT Group coordinates information and resources to meet the electronic payment needs of the agency. They perform related contract monitoring activities; monitor federal, state and department laws, rules, & policies; assess governmental and industry changes for impacts to EBT/DPC/EPS related services; and provide necessary and appropriate information to management regarding EBT/DPC /EPS capabilities and mandated requirements.

DHW contracts with a vendor to set up and maintain accounts for Food Stamp benefits; cash assistance programs for the Temporary Assistance to Needy Families (TANF) and Aid to the Aged, Blind, and Disabled (State Supplement); and Child Support payments. Participants access their food benefits with an EBT Quest Card. Participants receiving cash benefit payments have the option of accessing their cash either on an EBT Quest Card, or the funds can be deposited directly into their personal bank account. Child support payments can be accessed with a Visa debit card, or the funds can be deposited directly into their personal bank account.

See chart on next page.

Electronic Payments Distributed



Bureau of Audits and Investigations

The Bureau of Audits and Investigations provides support to DHW's public assistance programs through the following units:

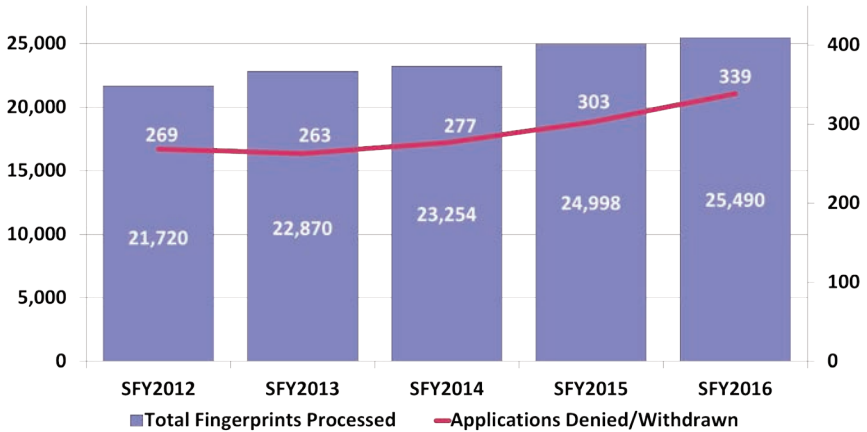
- Criminal History
- Internal Audit
- Fraud Analysis
- Medicaid Program Integrity
- Welfare Fraud Investigations

Criminal History Unit

In supporting DHW's mission to promote and protect the health and safety of Idahoans, the Criminal History Unit conducts and maintains the central repository of required background checks received from the Federal Bureau of Investigation and the Idaho State Police Bureau of Criminal Identification. The background check includes a search of specific registries that include the National Register of Sex Offenders; Medicaid Provider Exclusions listings; Child and Adult Protection registries; Idaho Nurse Aide Registry; and Idaho driving records.

The department requires a fingerprint-based background check on provider staff, contractors, licensed child care providers, foster and adoptive parents, and employees in long-term care settings who work in about 40 different service areas that include direct care for program participants who are children or who are disabled or elderly. Learn more at the criminal history web site, <https://chu.dhw.idaho.gov>.

Criminal History Checks by Year



Fraud Analysis

This unit provides data analysis support for the Bureau of Audits and Investigations. Data mining is used to find hidden patterns of waste, fraud, and abuse in client eligibility data, benefit issuances, and provider billings and claims. Statistical analysis is then used to identify and prioritize cases for investigation.

Internal Audit

This unit provides independent appraisals of the department's various operations and systems of control. It helps the department accomplish its objectives by bringing a systematic, disciplined approach to evaluation and improves the effectiveness of risk management, control, and governance processes. Internal auditing assists department staff by furnishing them with analyses, appraisals, recommendations, counsel, information, and by promoting effective control at reasonable costs.

Internal Audit's methods include three steps:

1. Identify potential performance problems and performance opportunities.
2. Pro-actively identify solutions to improve performance.
3. Track and monitor the implementation and ultimate success of actions to improve performance.

In addition, the data governance program will identify, classify and protect the departments sensitive data.

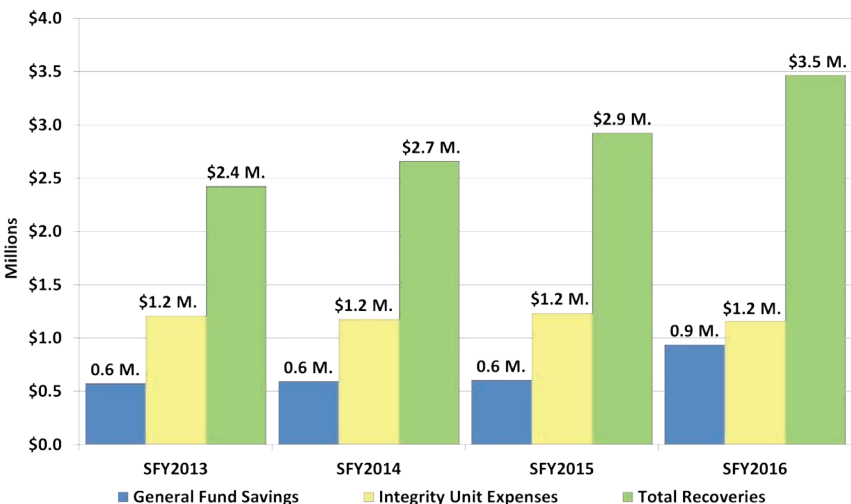
Internal Audit			
	SFY2014	SFY2015	SFY2016
Audits Completed	7	5	3
Audit Reccommendations Made	31	11	13
External Reports Reviewed	NA	NA	60

The Medicaid Program Integrity Unit

This unit investigates allegations of Medicaid fraud, waste and abuse and conducts federally mandated program reviews by monitoring and reviewing provider billing practices and records to support services billed to Medicaid. Medicaid investigations are initiated through complaints from providers or clients, referrals from other agencies, provider self reports, and through proactive targeting and review of claims to identify improper billing.

Once investigated, issues may be resolved through provider education or policy revision, recovery of funds from the provider, civil monetary penalties, provider agreement termination, program exclusion, and/or referral for prosecution. The Medicaid Program Integrity Unit concentrates on cases that have the greatest potential for investigation that protect the Medicaid program.

Medicaid Program Integrity Unit

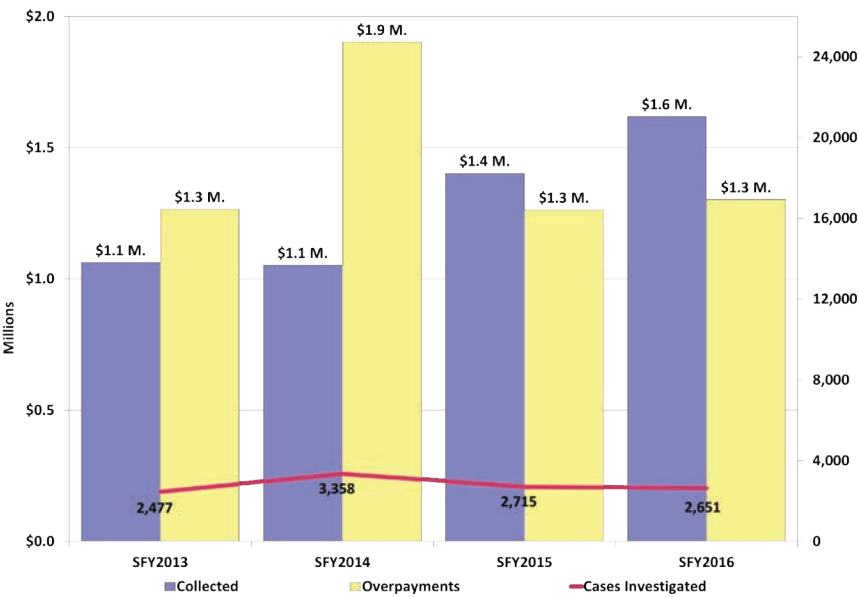


The Welfare Fraud Unit

This unit investigates allegations of welfare program fraud that include Food Stamps, cash assistance, Medicaid, child care assistance, or other benefits. In every region of the state, investigators work with program staff, local law enforcement, Office of the Inspector General, and county prosecutors to investigate and prosecute welfare fraud. Each year the unit receives about 4,000 complaints from the public and 20,000 leads through data analysis.

The Unit experienced a drop in the number of cases investigated and amount of overpayments identified because of stricter guidelines for sanctions and vacant investigator positions. However, the unit was able to investigate more cases that resulted with overpayments than last year. The amount collected from fraud cases increased by 25% and the Unit has been able to hire and begin training 6 new investigators.

Welfare Fraud



Division of Operational Services

Paul J. Spannknobel, Administrator, 334-0632

The Division of Operational Services provides contracting and purchasing services, building oversight, maintenance and security for DHW hospitals and offices, strategic planning, administrative services and legislative rulemaking, and human resource management for the department's employees.

Contracts and Purchasing

- Purchases services and products with values up to \$25 million, coordinating with the Department of Administration's Division of Purchasing for purchases valued at \$15 million-\$25 million.
- Provides technical expertise and administrative oversight for DHW competitive bidding, contract and sub-contract development, implementation, and product purchases. There were over 1,000 active contracts and subgrants department-wide during SFY2016, with a total value of more than \$1.6 billion.
- Manages training and daily operations of the electronic CONTRAXX management system.
- Develops and maintains DHW's contract and purchasing manual, policy, and procedures; provides staff training; and collaborates with the Department of Administration to ensure compliance with purchasing rules and regulations.

Facilities and Business Operations

- Monitors, negotiates, and coordinates leases for 32 buildings totaling more than 618,000 square feet, in collaboration with the Department of Administration.
- Manages the operation, care and repair of eight DHW-owned buildings which total about 80,000 square feet.
- Prepares and submits DHW's annual Capital, Alterations and Repair budget request to the Permanent Building Fund Advisory Council (PBFAC) and prepares agency project requests for legislative funding.
- Coordinates and manages all remodeling and alteration construction projects funded through the PBFAC or agency funds statewide.
- Assists and counsels the two state hospitals, Southwest Idaho Treatment Center and the State Laboratory on facility issues.
- Evaluates existing facility use through facility space reports and plans of future facility space requirements;
- Oversees building land sales, acquisitions and disputes.
- Coordinates and manages interoffice moves and relocations.
- Contracts telephone, power and data cable installations to ensure

uniformity, adherence to DHW standards and cost controls.

- Manages non-VOIP telephone systems across the state.
- Manages purchases of all paper products, office supplies and postage.
- Administers purchases, statewide allocation, repair, maintenance, and use of some 400 motor pool vehicles.
- Contracts with independent firms and coordinates with the Department of Administration to provide security for DHW buildings.
- Manages department inventory and disposal of surplus items statewide.
- Administers special projects as assigned in a variety of disciplines.
- Provides facility and operational support for regional staff in all regional offices. These include:
 - o **North HUB:** Ponderay, Kellogg, St. Maries, Coeur d'Alene, Moscow, Lewiston and Grangeville
 - o **West HUB:** Payette, Caldwell, Nampa, Westgate, Medicaid offices, and Mountain Home
 - o **East HUB:** Twin Falls, Burley, Pocatello, Idaho Falls, Preston, Blackfoot, Rexburg and Salmon.

Human Resources

- Develops, implements, and maintains policies and procedures protecting privacy/confidentiality and access to information in DHW records.
- Oversees all privacy/confidentiality activities statewide.
- Ensures DHW personnel actions comply with federal and state laws, and that DHW's information privacy practices are closely followed.
- Supports the department's commitment to advance equal opportunity in employment through education and technical assistance.
- Educates employees on how to maintain a respectful workplace where employees are treated with courtesy, respect, and dignity.
- Consults and ensures resolution of civil rights complaints, compliance, and agency audits or site reviews.
- Identifies training needs within DHW.
- Promotes, coordinates, develops, and provides training to employees on topics including leadership, management, supervision, communication, and program-specific topics.
- Facilitates development and implementation of online learning opportunities for DHW staff.
- Administers DHW's Learning Management System.
- Provides management and consultation on effective recruitment and selection strategies for filling current and future needs.
- Develops and implements recruitment campaigns to fill department openings. Campaigns include partnerships with Idaho and regional universities for awareness of DHW career opportunities, internships, and scholarships that may lead to hiring.

- Partners with department supervisors to efficiently orient and train new employees.
- Provides consultation in support of system-wide approaches and views of compensation, position utilization, and classification.
- Researches, develops, and implements human resource system enhancements.
- Coaches management and supervisors in promoting positive employee contributions through the performance management process.
- Consults with management and supervisors to consistently resolve employee issues.
- Provides consultation to employees and supervisors in the problem-solving process.
- Develops and maintains DHW's human resource policies and procedures, ensuring they meet the department's business needs while complying with state and federal laws and rules.
- Provides policy and procedure consultation and interpretation to managers, supervisors, and employees.
- Manages DHW's Drug and Alcohol Free Workplace program.
- Provides employees with information and resources to promote healthy and safe lifestyles.
- Provides timely information to employees about benefit opportunities and changes.

Administrative Support

- Coordinates DHW activities related to administrative hearings, and public records requests.
- Develops, implements, and maintains policies, procedures, and educational resources related to administrative hearings and public records.

Division of Information and Technology

Michael R. Farley, Administrator, 334-5625

The Information Technology Services Division (ITSD) provides office automation, information processing, and local and wide area networking, including unified communications and Internet connectivity, for the department statewide. The division uses best practices and sound business processes to provide information technology solutions to improve the efficiency and effectiveness in providing services to the residents of Idaho. The division also provides leadership and direction in support of DHW's mission to promote and protect the social, economic, mental and physical health and safety of all Idaho residents.

The Information and Technology Services Division:

- Provides direction in policy, planning, budget, and acquisition of information resources related to all Information Technology (IT) projects and upgrades to hardware, software, telecommunications systems, and systems security.
- Oversees the review, analysis, evaluation, and documentation of IT systems in accordance with Idaho policies, rules, standards and associated guidelines.
- Maintains all DHW information technology resources, ensuring availability, backup, and disaster recovery for all systems.
- Secures information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information.
- Oversees development, maintenance, and enhancement of application systems and programs for all computer services, local area networks, and data communications internally and with external stakeholders.
- Provides enterprise services to strategically align business processes and needs with IT solutions.
- Provides project management, support, and direction in the planning, development, implementation, and evaluation of large-scale IT Projects.
- Provides direction for development and management of department-wide information architecture standards.
- Participates in the Information Technology Leadership Council to provide guidance and solution for statewide business decisions.
- Implements the state's Information Technology Authority (ITA) directives, strategic planning, and compliance.
- Collaborates with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning, and ITA initiatives directives.

The Information Technology Services Division provides reliable, timely, high-quality, innovative, flexible, cost-effective IT solutions, working with

our business partners to identify and prioritize products and required services.

The division is divided into four distinct areas;

1. Operations.
2. Infrastructure.
3. Application Development and Support.
4. Enterprise Services.

Bureau of IT Operations

The Bureau of IT Operations provides technical support services and coordinates resources to promote the efficient use of technology throughout the department. The bureau's functions include:

- **Statewide Technical Support/ITSD Consolidated Service Desk:** Provides DHW staff with Level 1, 2 and 3 technical support services for all desktop or mobile computer-related issues, including hardware, software, and network connectivity.
- **Operates as a virtual service desk:** Technicians in all areas of the state answer phone calls from staff, and work queues are shared so that a technician in an area with a high technician-to-staff ratio can assist with support in other areas of the state.
- **Printer support:** The bureau is a primary point of contact for all network and multi-function printing services. Technicians work with Operational Services and local management staff to assure the most cost-efficient and effective selections are made for printing and faxing.
- **Assisting other DHW service desks with service desk design and software utilization.**
- **Special project support:** Coordinates desktop support for special IT-related projects, hardware/software testing, and image creation.
- **Technology reviews (research and development):** Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency.
- **System management:** Using software tools to ensure current patch management, running system health checks for preventive maintenance, providing mobile device security management, assisting in computer inventory management, and providing support to staff working outside the DHW network.
- **Service Desk application support:** Development and support for department help desks including development and maintenance of Knowledge Management Systems.
- **Project Team – Tier 3 desktop support;** LANDesk and Office 365 management, mobile device security management, research, evaluation, testing, and recommending technologies to enhance technical productivity throughout the agency.

Bureau of IT Infrastructure

The Bureau of IT Infrastructure is responsible for designing, deploying, and maintaining network hardware and software infrastructure, system security procedures and practices, database security, system backup and disaster recovery.

The bureau's functions include:

- Wide area and local area network design, deployment, and support statewide.
- Enterprise wireless network design, deployment, and support.
- Data telecommunications infrastructure support.
- User and data security management and standards.
- Computer forensics support.
- Internal Security Posture Assessments (vulnerability scanning).
- Database and data warehouse security.
- Unified communications such as Voice over IP (VoIP) and Fax over IP (FoIP), video conferencing, deployment, and support.
- Windows and CentOS Linux server build, deployment, and maintenance.
- Server infrastructure and application delivery integration and automation.
- Storage area network support.
- Enterprise electronic messaging support.
- Data backups and restoration.
- Enterprise Antivirus/HIPS Administration.
- Server integration and support (integration of application middleware and application delivery infrastructure).
- Server virtualization, VM provisioning, and support.
- Server security vulnerability and updates patching.
- Network infrastructure support of enterprise projects.
- Remote access support (Secure Socket Layer Virtual Private Network, site-to-site Virtual Private Network).
- Provides support for data center facilities and associated computer systems, including power, cooling and backup generator for emergencies.
- Firewall administration and support (Perimeter and Web Application Firewalls).
- Support for IT Information systems compliance audits.
- Support for Bureau of IT Operations and Bureau of IT Applications Development and support of all agency business offices and associated partnerships, including the Office of Drug Policy, Community Action Agency, Health Data Exchange, Commission for the Deaf, Blind and Hard of Hearing.
- Support for DHW disaster recovery.

Bureau of Application Development and Support

The primary responsibility of the Bureau of Application Development and Support is the operation, maintenance, and support of the department's business applications. The bureau also is responsible for ongoing enhancements of existing applications; development of new business applications; integration of commercial off-the-shelf (COTS) products into the department's application framework; and support of software (middleware) necessary to support the movement of information between computing platforms.

The bureau's functions include:

- Application WEB Support group is responsible for the operation, maintenance, and support of web-based applications for the department.
- The Application Development group is responsible for the enhancement of existing applications; development of new business applications; and integration of commercial, off-the-shelf products (COTS) into DHW's application framework.
- Provides support for all applications and movement of information between computing platforms.
- Provides software architectural design and design standards which enable, enhance, and sustain DHW's business objectives.
- Promotes application delivery including quality assurance, application testing, system production support, time period emulation qualification, and technical documentation.
- Application support helpdesks provides DHW staff with support for applications such as The Learning Hub; VistA (Veterans Administration) Hospital Management System, e-case file document management system as well as modernization of the Idaho Child Support Enforcement System (ICSES) and several other business-related applications.
- Oversees mainframe development and support providing leadership and guidance in the design, development, and support of complex integrated systems. It also provides research, design, and capacity planning for setting new systems and/or technology direction and works with business partners to define system requirements for potential uses of information technologies.
- The Production Services group supports multi-platforms (Mainframe, Windows, Sun/ Solaris) and complex applications by monitoring production processing, identifying areas for automation, documenting production procedures, and ensuring successful completion of business-critical processing. This group also provides recovery services for failed production processes, and coordination with various internal and/or external partners as necessary.

- The enterprise data warehouse group provides a common data repository, data warehouse design, operation, and maintenance for all business essential and critical information, allowing secure and reliable access to this information for decision-making purposes.

IT Enterprise Services

The Information Technology Enterprise Services team provides support and services to align business needs with IT solutions and to ensure IT systems maximize the business value delivered by IT investments.

- Enterprise architecture: designs, develops, and maintains an enterprise model framework as well as develops enterprise standards and strategies. Creates and maintains architectural models of business processes, business units, information, technology and their interrelationships.
- Project management is responsible for managing large or enterprise- wide projects. This includes developing plans, managing project resources, assessing risk, collaborating with business units and external entities and developing and managing project contracts.
- Relationship management works directly with DHW divisional business units with project identification, definition and priority. Manages business processes, requirements analysis and coordinates work with other IT bureaus to meet technology and automated system needs.
- Disaster Recovery Planning conducts exercises and testing of recoverability of technology.
- Audits, Policies & Procedures is responsible for DHW and ITSD information security policies and procedures to maintain compliance with federal laws regarding Personally Identifiable Information (PII), Personal Health Information (PHI), as well as information security related to Health Insurance Portability and Accountability Act (HIPAA), the Internal Revenue Service (IRS), Social Security Administration (SSA), Office of Inspector General (OIG), including state rules, regulations and guidelines.
- Social media and DHW external web sites and DHW SharePoint oversee DHW's social media sites in conjunction with the department's Public Information Office. Design code and maintain all public facing web sites and content. Administer, design, maintain and support SharePoint for all department users.
- SharePoint administration and support: This group oversees SharePoint upgrades and administration for the enterprise. It also conducts training and aid in SharePoint development for the department's business units.
- Licensing and procurement management specializes in IT contracts, software and hardware licensing in partnership with DHW's senior

buyer in purchasing, leading the process for the procurement of computer software and hardware.

ITSD Highlights

ITSD has completed a number of initiatives to support DHW's growing and evolving needs for information technology while improving efficiency in automation with limited resources.

Technological Improvements

- Continued development and implemented enhancements for the Infant Toddler web application (ITPKids) improving performance which reduced processing time by 85%, enhancing administrative functionality, application continuity, capture of disclosure log data, collection of initial evaluation data for compliance with Medicaid billing standards and extending the library of online documentation and video training resources.
- Implemented multi-factor authentication to meet federal security and compliance requirements.
- Upgraded all DHW network switches to support Cisco Identity Service Engine to meet security compliance requirements.
- The Medicaid Readiness Initiative implemented automatic re-evaluation for the new enrollment period in support of the State Based Marketplace and are in the process of moving toward a single rules engine.
- Completed the conversion of the DHW's intranet to SharePoint.
- Updated the service desk module of the LANDesk Total User Management System to enable us to more efficiently manage service desk calls within IT and business applications.
- Acquired and installed privilege manager software to eliminate the need for administrative rights for application users. Rollout is in process and will be deployed statewide.
- Continued progress in deployment and implementation of network infrastructure at a department co-location site to provide critical information systems fail-over as part of disaster recovery and business continuity.
- Use of data analytics to manage the utilization of data through the adoption and meaningful use of electronic medical records. Data analysis by characterizing information in the enterprise data warehouse and use of analytic tools. Data sharing and the adoption of health information exchanges.
- Deployed Application Delivery Controller framework for consolidation of application delivery for external and internal customers and to meet data services delivery growth.
- Network Admission Control implementation providing authentication for wired and wireless devices for security compliance

has been deployed statewide.

- Installed Cisco FirePOWER Intrusion Prevention System to protect the department's network from intrusion and track in-coming connections.

Accomplishments directly associated with protecting health and safety of Idahoans:

- Completed Phase V of the Health Alert Network (HAN) providing text messaging alerts, removing options for fax alerting for new users and improving administrative management capabilities.
- Year 5 of the Idaho Electronic Health Record Incentive Management System, providing users with an efficient means of processing & tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant Electronic Health Record Technology.
- Implementation of the Ekahau people-tracking security system at State Hospital South, providing staff-to-staff communication for life safety and immediate response in crisis situations. Employees wear location badges to alert other employees when in danger or need assistance.
- Rollout of a web-based hosted solution for Nursing Home Certification and Inspection, improving efficiency by replacing paper processes.
- Successful integration with the Idaho Health Insurance Exchange providing interfaces with carriers, the Department of Insurance, the Centers for Medicare and Medicaid Services and the Department of Health and Welfare to get an eligibility determination for Medicaid or the Advance Payment of the Premium Tax Credit (APTC) via an Affordable Care Act Capitalization State Based Marketplace for Idahoans to purchase Qualified Health Plans (QHP) and obtain APTC.

Initiatives to "Go Green"

- Continued virtualization of our servers to reduce overall the number of physical devices on the network to reduce power and cooling requirements.
- Pilot of thin client technology at State Hospital South reducing the cost of workstations and maintenance by providing virtual desktops.
- Continuing to provide users at smaller hospitals and laboratories access to the Bureau of Laboratories' Laboratory Information Management System WebPortal. This access allows electronic transfer of laboratory results, eliminating the need for manual faxing, which saves staff time and reduces faxing costs.
- Completed the Fax over IP (FoIP) technology rollout statewide replacing legacy analog fax machines and integrating with enterprise messaging. FoIP allows the department to realize savings for fewer printed faxes and fewer charges for analog telephone line charges.
- Completed the implementation of Voice over IP (VoIP) phones

for funded locations, saving tax dollars by not replacing aging and obsolete PBX-based telephone systems and reducing long distance calling costs.

Completed Projects and Initiatives:

- Implemented several enhancements including the Memorandum of Agreement for Providers for the Women's Health Check Program as well as simplifying user entry for enrollment information, adding collection of additional data and improving user and administrative functions.
- Technology upgrades to improve supportability and functionality for support of multiple browsers and allow for mobility access for WISPR, the automation that supports the Women, Infants and Children program.
- Re-write and implementation of Issue Tracker as a SharePoint application, replacing an unsupported platform and providing a sustainable solution in tracking issues and complaints for the department.
- Time and Reporting System: Improved performance, implemented a single sign-on and modified to allow cross browser compatibility.
- Technology stacks: Identified and documented both the .Net and Java stacks as standards for the IT development architecture.
- Added Active Directory Security to the AIDS Drug Assistance Program (ADAP) application for the HIV/STD program within the Division of Public Health.
- Completed the auto re-evaluation process for Your Health Idaho (YHI).
- Successfully deployed a system to generate required 1095-B forms for Self-Reliance and FACs Division.
- Completed conversion of the Billing and Receiving System (BARS) monthly billing statements to PDF format. Utilizing external printing and mailing vendor to improve efficiency and cost savings.
- Completed automation modifications for food stamp benefits to allow for a 10-day issuance.
- Enhanced the creation and deployment of the Travel and Pay and Position Requests (TAPP) system.
- Migrated critical systems from Win 2003 server to Win2008 servers.

Current Projects and Initiatives:

ITSD has additional initiatives and projects in progress to support the ever-evolving technology needs of the department:

- Idaho Electronic Health Record (EHR) Incentive Management System: Modifications and enhancements that will provide users with an efficient means of processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant Electronic Health Record (EHR) technology.
- Health Alert Network (HAN) Phase 6: Leverage newer application

architectures, allowing for increased supportability and ease of implementing future enhancements. Provide an updated user interface for an improved user experience and simpler, more intuitive workflows.

- Uniform Assessment Instrument Re-write: Replacement of the old Visual Basic application with a solution that includes streamlined functionality that is based on current mobile computing technologies.
- Courion Identity Access Management: Implement a centralized, automated identify access process to enable more secure, efficient services to IDHW staff and improve audit trails while reducing compliance and operational risk through the automation of access provisioning.
- Vital Statistics Event System Rewrite: Modernize the current Vital Statistics Event application by re-writing it in a supportable language and removing it from the State Controller's mainframe.
- External Partner Portal: Implement an external partner SharePoint portal to meet the communication and data sharing needs of the department's programs with external partners utilizing Office 365.
- Privilege Manager: Complete the statewide rollout removing administrative rights from all department PCs while still allowing business as usual.
- LANDesk Total User Management System: Implement mobility and software licensing modules to improve security on mobile devices and assist in software licensing monitoring.
- Electronic Payment System (EPS) Rewrite: Re-write the 18 year old mainframe Electronic Payment System supporting current business processes and using web technologies.
- Criminal History (CHU) enhancements for child care: Update security to limit who can view criminal history data, create the ability to charge various fees, and add/update the rules engine.
- Women's Health Check, Women, Infant & Children (WIC) and Children's Special Health Program: Implement an interface to First Source for billing adjudication and payment to vendors through the state financial system, FISCAL. This will allow the programs to have greater auditability of the costs associated with their services and utilize existing financial systems and controls for vendor payments.
- National Electronic Disease Surveillance System (NEDSS)/Laboratory Information Management System (LIMS): Enhancement of the systems to support additional electronic lab and hospital reporting capabilities, additional electronic interfaces, and the addition of the STDMS data collection and CDC electronic reporting functions to the system.
- Deployment of Lab-Online is currently in process for the Idaho Bureau of Laboratories. This will allow labs and hospitals to order lab tests on-line instead of submitting paper forms. The effort will improve efficiency and reduce staff time in manually entering the orders.
- Data analysis by characterizing information in the enterprise data warehouse and use of analytic tools; and data sharing and the

adoption of health information exchanges.

- **Mainframe Software Upgrades:** Updating and replacing legacy mainframe technology with more sustainable technology.

Major Projects in Progress

Medicaid Readiness

Function: The Idaho Benefit Eligibility System (IBES) determines eligibility for many department programs, including Medicaid and the Advanced Premium Tax Credit (APTC) for Idaho's insurance marketplace. The department has worked on the Medicaid Readiness Initiative for four years to modernize IBES. Ongoing efforts of support and maintainability of the system, which will ensure it accurately and effectively completed all required federal eligibility functions as well as all privacy, security, and operational requirements.

Status: The Medicaid Readiness Initiative successfully implemented the eligibility services necessary to support Idaho's insurance marketplace (Your Health Idaho), which included adding and integrating new eligibility rules for Medicaid and APTC determination in addition to accepting online applications through the IdaLink web portal. In late CY2014 the department supported the transition from the Federally Facilitated Marketplace (FFM) and Your Health Idaho's first year of open enrollment for CY2015. In CY2015, the MRI focused on continued modernization efforts and preparations for Idaho's APTC eligibility re-evaluation during open enrollment for new or continuing insurance coverage in 2017. The most current initiative has been to support the continued automation of APTC and ease of the auto re-evaluation process.

Replacement Strategy: The Medicaid Readiness Initiative began in February 2012. Estimated costs for SFY2017 are \$8 million, 90 percent of which is funded by the federal government.

Idaho Child Support Enforcement System (ICSES) Code & Data Migration

Function: Migrate the existing data and the code off the mainframe and re-host on the Self-Reliance Enterprise platform.

Status: As part of the ITSD initiative to migrate all mainframe applications off of the mainframe and onto maintainable, upgradable, sustainable, and supportable DWH infrastructure, this project is in its first phase of setting the stage for modernizing our ICSES program.

Replacement Strategy: This project will convert the code to Java and migrate the data from the ADABAS structure to a DHW supported database.

Office 365 Implementation

Function: With the gradual implementation of the Office 365 suite of products, the department will be receiving a variety of robust benefits surrounding data security, data loss prevention, system reliability, and compliance. This suite of tools and software will allow the department to experience greater flexibility with collaboration and sharing with their DHW colleagues as well as providing a secure platform to share documents with external DHW partners.

Status: This initiative is continuing to move forward with the rollout of Windows 10 and Office 2016 on department machines.

Replacement Strategy: Department users will gradually be exposed to the various Office 365 services through the use of pilot user groups and closely monitored rollouts that include training services, project management, and change management services.

Idaho Child Care Program (ICCP) Rewrite

Function: Migrate the existing ICCP application off of the State Controller's mainframe and re-host it inside the existing eligibility system, IBES.

Status: Scope and effort definition began in February 2016 with development currently in process. Implementation is targeted for December 2016.

Replacement Strategy: As part of the global ITSD initiative to migrate mainframe applications off of the State Controller's mainframe and onto supportable DHW infrastructure, the goal of this project is to perform a data conversion of the mainframe data structure into Oracle, create the needed daily, monthly and annual notification using the existing Adobe framework, create rules to support ICCP calculations and utilize IBES to create new child care user entry screens.

JP Morgan/Fidelity National Information Services (FIS) Transition

Function: Transition all benefit payments from JP Morgan to Fidelity National Information Services.

Status: Kick-off was held in August 2016 with all stakeholders and the project team from FIS in attendance.

Replacement Strategy: Leverage the Western States EBT Alliance (WSEA) contract to transition all department benefits from JP Morgan to FIS.

WISPr Phase II – Women, Infants & Children (WIC) EBT Enhancement

Function: WIC EBT is an electronic system that replaces paper vouchers with a card for food benefit issuance and redemption at authorized WIC

grocery stores.

Status: Public Knowledge is currently doing the gap analysis of the five options recommended by the Federal Nutrition Services (FNS) allowing the WIC program to select the best option for Idaho and to include in the Idaho Advance Planning document (IAPD)

Replacement Strategy: Based on the best fit for Idaho, replace the existing paper vouchers for WIC approved foods with an electronic benefit card making it easier for eligible Idahoans to access their food benefit packages and reduce costs for the program. Leverage the Western States EBT Alliance (WSEA) contract with Fidelity National Information Services (FIS) for benefit issuance.

State and Territorial Exchange of Vital Events (STEVE2)

Function: Exchange vital records more quickly with critical data partners including the National Center for Health Statistics, other vital records jurisdictions, and authorized public health and administrative programs.

Status: The Vital Statistics Bureau will begin alpha testing the business process with the new vendor early fall 2016. Migration from the old contractor to the new UberOps contract must be completed by December 2016.

Replacement Strategy: Migrate the STEVE process from the current contractor to UberOps utilizing the Amazon Web Services (AWS) option.

Council on Developmental Disabilities

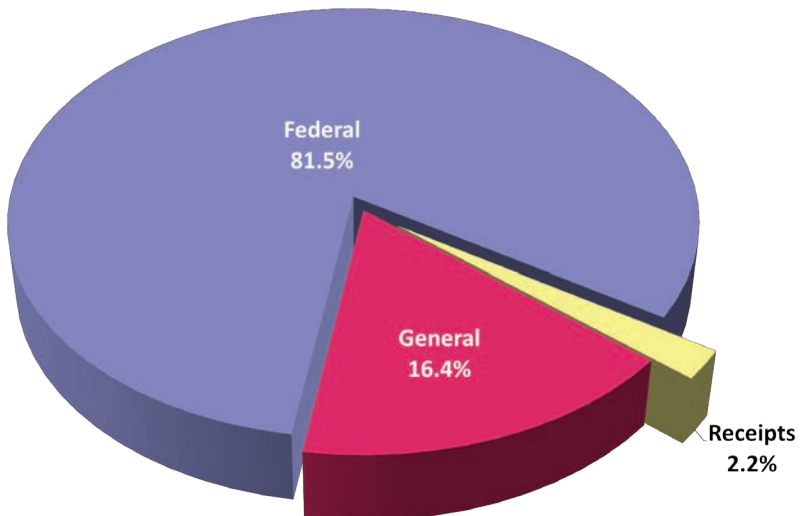
Christine Pisani, Executive Director, 334-2178

The Idaho Council on Developmental Disabilities engages in advocacy, capacity building, and systemic change activities to promote a coordinated participant and family-centered comprehensive system of community services. The council also works to build the capacity of communities to recognize the gifts and talents of all community members so that people with developmental disabilities are living meaningful and included lives. The work of the council is directed by 23 governor-appointed stakeholders who determine the council's priorities.

Council Vision: All Idahoans participate as equal members of society and are empowered to reach their full potential as responsible and contributing members of their communities.

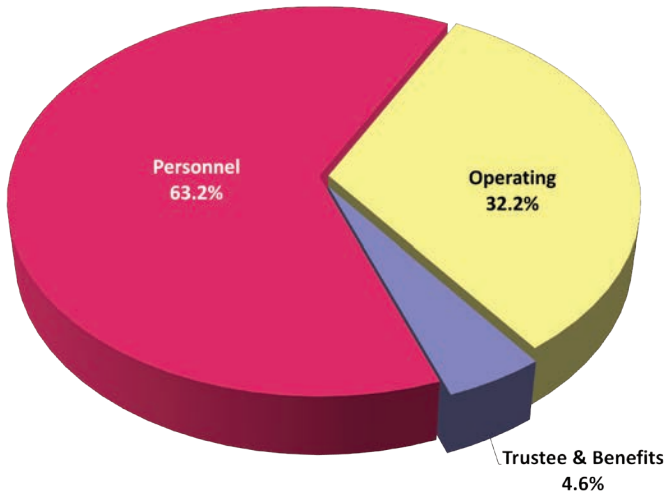
Council Mission: To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

Council on Developmental Disabilities SFY2017 Funding Sources



Funding is channeled through the DHW budget, but councils are independent and not administered by DHW. FTP: 6; General Funds \$113,500; Total Funds \$693,200.

SFY2017 Expenditure Categories



Council Initiatives

The council has completed the last year of its (2012-2016) five-year plan. Many council projects are multi-year efforts involving systems change initiatives. A snapshot of council initiatives for 2016 include:

Quality Inclusive Education

The Inclusive Education Task Force includes representatives from the University of Idaho, Lewis Clark State College, Idaho State University, BYU Idaho, Northwest Nazarene University, Boise State University, Idaho State Department of Education, Idaho Parents Unlimited, Special Education Directors, parents, and adults with disabilities. It is sponsored through the council. The two objectives of the task force are:

- The development of a comprehensive plan to change teacher certification in Idaho that blends general education and special education with balanced preparation of evidence-based practices that support inclusive education for all students.
- To provide technical assistance and professional development for schools that implement evidence-based inclusion practices that lead to positive post-school outcomes for all students by incorporating a focus on a) least restrictive environment; b) positive behavioral intervention and support; c) core standards; d) universal design for learning; e) assistive technology; and f) methods for co-teaching.

Outcomes include:

- A comprehensive strategic plan was drafted that provides detailed guidance on steps required to change teacher certification in Idaho

so general education and special education certifications are blended. This provides balanced preparation of evidence-based practices that support inclusive education for all students.

- A statewide Universal Design for Learning Symposium hosted for over 200 general education teachers, education students, parents, and people with disabilities at several locations throughout the state.

Employment First Initiative

The Employment First Consortium is a group of state-level stakeholders coordinated by the council that has met monthly since April 2012.

The group includes representatives of key state agencies, people with developmental disabilities, parents, service providers, and advocacy organizations. The consortium's work is aimed at developing policy and building capacity in systems to promote integrated employment at a competitive wage as the first choice for transition-age youth and adults with developmental disabilities seeking employment.

Outcomes include:

- Drafted recommendations for Medicaid employment support services provided to the Department of Health and Welfare. Recommendations include the addition of two new service categories: Prevocational Services and Career Planning Services, as well as an Individual Supported Employment service category that goes beyond the currently available Community Supported Employment services.
- Drafted recommendations for Medicaid provider qualifications for professionals that would be providing prevocational, career planning, and individual support employment services. Qualifications include required training in nationally recognized competencies and certification.

Direct Support Staff Training

The goal is to increase the quality of support staff by providing or supporting training that builds the skills and knowledge of up to 200 direct support staff each year.

Outcomes include:

- Griffin Hammis Associates provided self-guided discovery facilitator training through a two-part webinar to 137 people, including parents, vocational rehabilitation staff, and employment service provider agency staff.

Disability Mentoring Day

The council works with statewide partners to support Disability Mentoring Day events in communities throughout Idaho to help youth with disabilities explore a variety of jobs in their communities. The council worked with the Idaho Division of Vocational Rehabilitation to provide additional funding.

Outcomes include:

- 149 students with disabilities were mentored by 83 local employers in five locations: Moscow, Lewiston, Boise-STEP Program, Boise Department of Labor/Boise High School, Twin Falls, and Idaho Falls.

Service System Improvement

Since 2011 the council has sponsored the Collaborative Work Group (CWG) on Adult Developmental Disability Services. The workgroup has focused its efforts on influencing Medicaid-paid support services to promote adults with developmental disabilities to live meaningfully inclusive and productive lives.

The CWG includes people with developmental disabilities and representatives from a diverse number of organizations who have come together to constructively influence the development of the adult DD service system. It featured a nine-member steering committee that met monthly. The steering committee presented its work to the full workgroup for feedback and approval at least three times a year.

Outcomes include:

- The council, the Center on Disabilities and Human Development at UI, and the Department of Health and Welfare collaborated on a statewide face to face study: "Choice and Community: Seeking the Voice of Adults with Developmental Disabilities." The purpose of the study was to identify perceptions of adults with developmental disabilities receiving Home and Community Based Services (HCBS) and to learn the extent to which individuals were integrated into the community, had choices, individual rights, involvement in their planning and autonomy within their residence. The study intentionally included adults with all levels of support needs within the DD waiver. A follow-up study will be conducted in 2019, three years after the implementation of the HCBS rules to learn if there are changes in the perceptions of the same respondents as a result of rules.
- The CWG provided a report and presentation to the Legislature about the work completed in 2015. CWG recommendations included:
 - 1) Adopt Home and Community-Based Services (HCBS) Rules. The CWG delivered specific recommendations about the proposed 2014 Federal HCBS rules to the Division of Medicaid, which urged increased emphasis on person-centered planning, including process quality and accountability and securing meaningful outcomes for participants. Medicaid incorporated those suggestions. Members of the CWG also provided testimony in support of the HCBS rules.
 - 2) Secure Idaho-specific data to inform decision-making through participation in the National Core Indicators Project (NCI), which uses national core indicators as a standard measure across

states to assess the outcomes of services provided. Indicators address key areas of concern, including employment, rights, service planning, community inclusion, choice, and health and safety. NCI resources can provide Idaho with information about how well Idaho is securing the best outcomes for adults with developmental disabilities.

3) That the Department of Health and Welfare adopt CWG's recommendations for resource allocation, which indicate that any assessment process is strengths-based, specifically drives the allocation process (building budgets based on actual needs rather than other factors), and assumes employment is a priority for adults with developmental disabilities.

Leadership Development

The council hosted its ninth class of Idaho Partners in Policymaking which is an eight-month innovative leadership development program created specifically for adults with developmental disabilities and parents with young children with disabilities.

Outcomes include:

- 25 people graduated in May 2016: 14 adults with developmental disabilities and 11 parents.
- 22 partners educated 40 legislators about the ABLE Act.
- 19 individual partner graduate projects under way that focus on improving the lives of children and adults with developmental disabilities.

Community Development

The council was engaged in Asset Based Community Development work in Caldwell this past year. ABCD provides a method to mobilize residents using their gifts and talents to create strong communities.

Outcomes include:

- Contracted with a cultural broker in the Latina community in Caldwell. The cultural broker meets regularly with mothers in the Treasure Valley who have children with disabilities. Groundbreaking disability education is provided to Spanish-speaking families.
- Identified gaps in information and services that currently exist for Spanish-speaking families.
- Provided financial and staff support for a one-day workshop for 62 Spanish speaking families.
- Identified Spanish-speaking families as an additional target audience for the National Core Indicator family survey, with surveys distributed in Spanish.
- Connected the Department of Health and Welfare to Spanish-speaking families that resulted in the Spanish translation of forms used for children's service plans.

Council on Domestic Violence and Victim Assistance

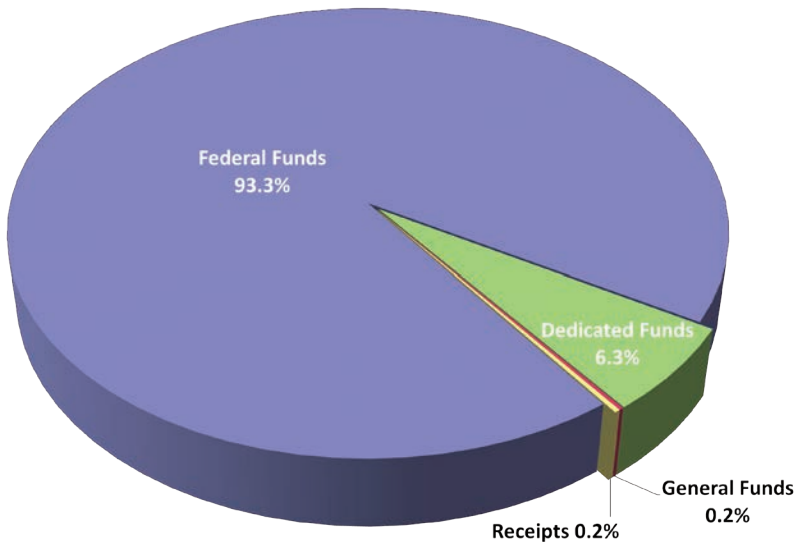
Luann Dettman, Executive Director, 332-1540

The council was created in 1982 by the Idaho Legislature to promote assistance to victims of crime. The scope of the council includes:

- Administration of federal and state funding provided to programs that serve crime victims.
- Promoting legislation that impacts crime.
- Providing standards for domestic violence, sexual assault, and offender intervention programs.
- Training and public awareness about violence and victim assistance.

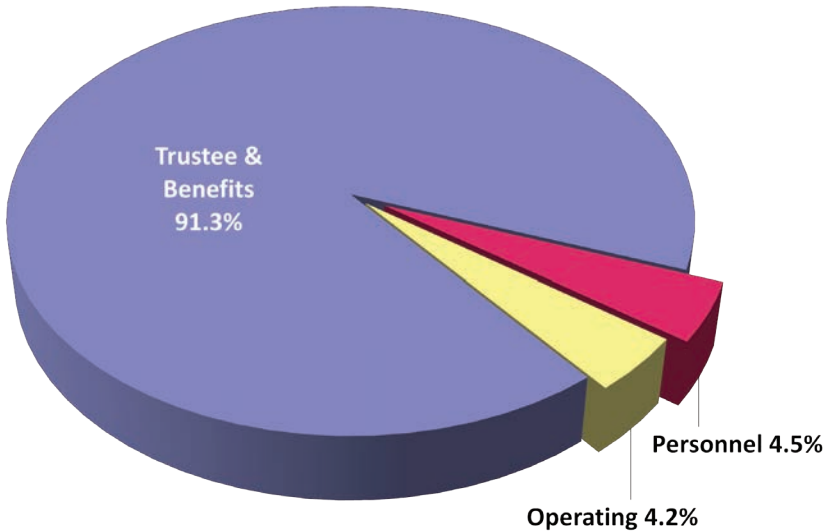
In addition, the council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

**Council on Domestic Violence and Victim Assistance
SFY2017 Funding Sources**



Funding is channeled through the DHW budget, but councils are independent and not administered by the department. FTP: 4; General Funds \$14,500; Total Funds \$8.3 million.

Council on Domestic Violence and Victim Assistance SFY2017 Expenditure Categories



The council consists of seven members, one from each of the seven judicial districts in Idaho. The members are: Susan Welch (Region 1); Sarah Swanson (Region 2); Maggie Strowd (Region 3); Doug Graves (Region 4); Dan Bristol (Region 5); Dr. Karen Neill (Region 6); and Len Humphries (Region 7).

As a funding agency, the council administers a combination of federal and state resources. Primary funding sources include the United States Department of Justice Office for Victims of Crime, the Victims of Crime Act, the Federal Family Violence and Prevention Grant, the Idaho State Domestic Violence Project, and the Idaho Perpetrator Fund.

The council funds about 40 programs throughout the state that provide direct victim services, including crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance. The council also serves as the oversight for all approved offender intervention programs throughout the state.

The council also provides statewide training for service providers about crime victim issues. It also provides resources, including publications and educational materials.

For more information, visit www.icdv.idaho.gov.

Glossary of Terms and Acronyms

ATR	Access to Recovery Grant
AABD	Aid to the Aged, Blind and Disabled
ACIP	Advisory Committee on Immunization Practices
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
AED	Automated External Defibrillator
AEMT	Advanced Emergency Medical Technician
AIDS	Auto Immune Deficiency Syndrome
AMH	Adult Mental Health
APS	Administrative Procedures Section
APSE	Association for Persons in Supportive Employment
BRFSS	Behavioral Risk Factor Surveillance System
CAP	College of American Pathologists
CCAI	Comprehensive Cancer Alliance of Idaho
CHC	Criminal History Check
CDC	Centers for Disease Control and Prevention
CDHD	Center for Disabilities and Human Development
CFH	Certified Family Home
CHIP	Children's Health Insurance Program
CLIA	Clinical Laboratory Improvement Amendment
CMHP	Children's Mental Health Project
CSBG	Community Services Block Grant
CQI	Continuous Quality Improvement
CSCC	Child Support Customer Service
CY	Calendar Year
DD	Developmental Disabilities
DDA	Developmental Disability Agencies
DDI	Design, Development and Implementation
DIT	Division of Information and Technology
DRA	Deficit Reduction Act
DTaP	Diphtheria, Tetanus, acellular Pertussis
DUI	Driving Under the Influence
EBT	Electronic Benefits Transfer
EMR	Emergency Medical Responder
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EPICS	Eligibility Programs Integrated Computer System
ELT	Executive Leadership Team
ETV	Education and Training Voucher Program
EWS	Enhanced Work Services

FACS	Division of Family and Community Services
FFY	Federal Fiscal Year
FIDM	Financial Institution Data Matching
FNS	Food and Nutrition Services at USDA
FTP	Full-time Positions
FYI	Foster Youth Alumni of Idaho
GAIN	Global Appraisal of Individual Needs
GED	General Education Degree
HPP	Health Preparedness Program
HIFA	Health Insurance Flexibility Act
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HPSA	Health Professional Shortage Area
IBI	Intensive Behavioral Intervention
IBIS	Idaho Benefits Information System
ICCMH	Idaho Council on Children's Mental Health
ICCP	Idaho Child Care Program
ICCCP	Idaho Comprehensive Cancer Control Program
ICF/MR	Intermediate Care Facility for People with Mental Retardation
ICSA	Interagency Committee on Substance Abuse
DHW	Idaho Department of Health and Welfare
IIP	Idaho Immunization Program
IRIS	Immunization Reminder Information System
ITSAP	Idaho Telephone Service Assistance Program
JET	Job Education and Training
LIHEAP	Low Income Home Energy Assistance Program
MITA	Medical Information Technology Architecture
MMIS	Medicaid Management Information System
MMRV	Mumps, Measles, Rubella and Varicella
MST	Mountain Standard Time
OPE	Office of Performance
PHA	Premium Health Assistance
PAN	Physical Activity and Nutrition Program
PMO	Project Management Office
PSR	Psychosocial Rehabilitation Services
PWC	Pregnant Women and Children
RAC	Regional Advisory Committee
RALF	Residential Care and Assisted Living Facilities
RFP	Request for Proposal
RMHB	Regional Mental Health Board
RMHC	Regional Mental Health Centers
RSO	Receipting Services Only

SA.....	Substance Abuse
SALN.....	Self Advocate Leadership Network
SED.....	Serious Emotional Disturbance
SFY.....	State Fiscal Year
SHIP.....	Statewide Healthcare Innovation Plan
SHN.....	State Hospital North
SHS.....	State Hospital South
SPAN.....	Suicide Prevention Action Network
STD.....	Sexually Transmitted Diseases
SUR.....	Surveillance & Utilization Review
SWITC.....	Southwest Idaho Treatment Center in Nampa
TAFI.....	Temporary Assistance for Families in Idaho
TANF.....	Temporary Assistance for Needy Families
TBI.....	Traumatic Brain Injury
TEFAP.....	The Emergency Food Assistance Program
TPC.....	Tobacco Prevention and Control Program
VAERS.....	Vaccine Adverse Event Reporting System
VFC.....	Vaccines for Children
WAP.....	Weatherization Assistance Program
WHC.....	Women's Health Check
WIC.....	Women, Infants and Children

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